THE

# MEDICAL BULLETIN:

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## A CLINICAL LECTURE.

### *LEAD PARALYSIS; ALCOHOLIC PARAPLEGIA.*

DELIVERED AT THE PHILADELPHIA HOSPITAL.

BY CHARLES K. MILLS, M.D.

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[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: The first patient I present to you this morning is a woman, aged about thirty years. She enjoyed good health and fair looks until about five years ago, when, with the view of improving her appearance, she resorted to the use of a cosmetic which was largely composed of carbonate of lead. This was powdered on the face once or twice a day, and its use continued for two years. She then began to suffer with attacks of colic and spells of nausea and vomiting. These lasted for a week at a time, and would disappear under treatment. The attacks recurred sometimes as often as once a month, and sometimes only once in two or three months. She continued in this way until about one year ago. She then had a spell of colic which kept her in bed for a week, and one morning, on attempting to take hold of something, she found that she had partly lost the use of her forearms and hands.

We have in this case, what is often wanting in nervous affections, a clear history of a cause and a continuing cause. We have the history of some symptoms pointing in a given direction, but perhaps we have omitted to obtain details of other conditions. Let us investigate further. She has had no headache. She had pains in the limbs and also tremor in the hands, but this was before the occurrence of the present trouble. She has no affection of sight or hearing, and she has never lost control of the bladder or rectum. There has been no loss of sensation and no numbness. We seem to have elicited all the symptoms that are present.

A year ago, then, she discovered that she had lost power in the arms, although she was able to go about. For more than six months this loss of power gradually grew worse, but during the past five months she has been getting better.

What is the present condition of the patient? As I have said, she has improved to a considerable extent, but symptoms enough remain to enable us to make a clinical study of the case. In the first place, we can dismiss everything but the upper extremities. She has no trouble in the face, and nothing is wrong with the legs. As you see, she is able to extend the hands, although not perfectly. Three months ago she could not do this. At that time she had complete bilateral wrist-drop. Some weakness is still very evident. Observe the manner in which she extends the hand, and you will see that in so doing she calls into play certain muscles not usually concerned in the execution of this movement. Here, it seems, that the muscles supplied by the ulnar, and even by the median nerve, come in to assist the enfeebled extensor muscles, whose controlling nerve is the radial.

What have we in this case? Of course, many of you at once recognize its nature. It is what is commonly termed "lead palsy."

Such a case is always of interest from the question of its curability or non-curability. Most cases are curable. It is also of interest often in regard to diagnosis. Here, the history is so clear, that it alone would enable the diagnosis to be made, but you should not rely exclusively on the history; for instance, there may be a clear history of syphilis in a given case, and yet the existing paralysis may have no connection with that fact. Here, however, we have not only the history, but also the occurrence of symptoms which point in the same direction. The fact that this is a case of bilateral extensor paralysis confined to the arms is strongly in favor of the diagnosis of lead palsy. Lead may affect the system in many other ways. It occasionally affects both legs and arms, and in rare cases it affects one arm instead of both. In this instance one upper extremity is involved more than the other.

What is the nature of this affection? Have we here a case of myelitis, or are the symptoms due to some other pathological condition? These cases undoubtedly look like those of subacute, generalized, anterior myelitis, such as I have shown you on previous occasions. In some cases of lead poisoning you may have almost exactly the same phenomena presented by those cases. The very fact that lead can produce such a condition, would incline us to the conclusion that many of these cases are instances of myelitis of the anterior cornua, and I am rather disposed to so regard them. It is held by others that the paralysis results from some form of affection of the nerves, probably neuritis.

Lead, mercury, arsenic, and some other substances among the metallic poisons, on the one hand, and the poison of diphtheria and the zymotic diseases, so-called, such as small-pox and scarlet fever, seem to have the power of affecting the nervous system in a peculiar way. The best way to consider this matter is to regard these toxic agents as protoplasmic poisons. They act on protoplasm everywhere, but have a special tendency to seriously attack nerve centres and fibres.

The reason that we have wrist-drop is not simply that the extensors are most markedly affected, but partly because the flexors are the stronger set of muscles. If the case be examined closely, it will be found that the flexors are also involved in the paralysis. We call this extensor paralysis, but in reality other groups than the extensor are also affected. We may say, in the first place, that this is some form of protoplasmic poison; in the second place, as far as our consideration is concerned, that it has affected more particularly the nervous centres, although other organs, as the liver and spleen, may be involved. It is more or less inflammatory in its nature, and it is susceptible to treatment similar to that employed in myelitis, with the addition of remedies to secure the elimination of the poison.

Elimination is the first thing to be considered. From my experience, I am inclined to lay little stress upon the long-continued use of these remedies for elimination. You have been taught that the best thing to give is iodide of potassium or chloride of ammonium. One is about as good as the other on the chemical theory. In the early stages, it is no doubt a good thing to use remedies with the idea of getting rid of any poison that may remain, although I think that the disease as you meet with it, is not so much a disease due to the constant action of the poison, as it is one dependent on the effects of that poison on the nervous system. Saline purgatives in moderate doses might be given, followed by iodide of potassium in ten- or fifteen-grain doses, or, what I think is better, chloride of ammonium in from fifteen to twenty-five-grain doses. This treatment is not to be continued indefinitely. If you give these drugs for a few weeks, they will do all the good that they can do in this direction, if good they do at all.

Returning for a moment, I will say that examination of these muscles shows that faradocontractility is lost, but they respond to the galvanic current. The reactions of degeneration are present, for instead of cathodal closure giving the best response, the best responses are obtained from anodal closure and anodal opening. In applying electricity in these cases, the galvanic current should be applied where there is no response to the faradic. It is useless to apply faradism to muscles which will not respond. The proper electrical treatment consists in using the galvanic, or current which will give a response. This is to be kept up for ten or fifteen minutes every day, or every other day. Strychnia is also to be administered.

Dr. H. C. Wood has called my attention to the fact that in lead paralysis, rapid improvement can be effected by the administra-

tion of large, almost toxic doses of strychnia. Instead of giving the one-twenty-fourth, or less, of strychnia, three times a day, I will order one-twelfth of a grain, hypodermically, four or five times daily, closely watching the effects. I will try this plan of treatment in this patient during the coming week and report the result. [The patient was put on the strychnia treatment and rapidly improved, and since the delivery of the lecture has left the hospital well.]

*Alcoholic Paraplegia.*—This man is forty-seven years of age, and has been a huckster. He has been a drinking man for the past thirty years, but began to drink hard while in the army in 1862. He had delirium tremens for the first time in 1874, but since then he has had four or five attacks. In 1863 he lost the use of both legs. This loss was associated with soreness and numbness, and was attributed to rheumatism. He recovered in the course of six months. In 1864 he had a second attack, in which he lost the use of the right arm, but two years later had regained it. One year ago he again lost the use of both legs. This occurred after a long bout of heavy drinking. In the course of five or six months he partially regained the use of his limbs, so that he could go about on crutches. He then drank again heavily and went down again, losing power in both legs and arms, and has been in that condition ever since.

What is his condition? In the first place, nothing is wrong with his head. He has a certain amount of tremor in the upper extremities, which is more marked in the right arm, the one which lost power two years ago. In regard to the lower extremities, we find that he is unable to stand. He can kick to a certain extent, but in doing so some spinal spasm is produced. The legs are apparently well nourished. On attempting to bend the leg, I find a tendency to spasm of the muscles at the back of the leg. There is a spastic condition in these muscles. The foot does not drop when I let go of the leg. He has no trouble with the bowels or the bladder.

This hospital is the resort of men and women broken down from all sorts of abuses, among others from the abuse of alcohol. A certain disorder is known clinically as alcoholic paraplegia. This is a good clinical term, just as lead paralysis is a good term, although perhaps not absolutely correct. We have cases coming after drinking heavily, or after a debauch, with loss of power of both lower extremities, which recover in two or three weeks or months. This man has recovered once or twice. The history of this case, is like that of the cases to which I have referred, but I do not say that this case as it stands to-day is an example of alcoholic paraplegia. I think that it would have properly been so designated some years ago, but something else may have developed since. This case, to a certain extent, looks now like lateral sclerosis. In some respects it resembles myelitis. It resembles it in the paralysis. As has been pointed out, some cases of alcoholic paraplegia will give the reactions of degeneration, and yet these cases recover more readily than the ordinary type of myelitis. It is well to bear this point in mind. If you have a patient who has been drinking heavily, no matter how complete the paralysis, if the paralysis has come on after a debauch, remember what I have remarked, and do not give an absolutely unfavorable prognosis from the completeness of the paralysis. The true nature of the case may be determined from the history and from the retention of the reflexes, and the absence of the reactions of degeneration, although these are sometimes present.

This man has been treated as a case of alcoholic paraplegia. In the early stage, the treatment is that of ordinary alcoholism. The paralysis must be treated by nervous tonics, giving strychnia and arsenic, if the stomach will bear it. After a time, the metallic tonics, as zinc and silver, may be employed, and electricity should be resorted to.

# ORIGINAL COMMUNICATIONS.

## *TRAUMATIC ANEURISM OF RADIAL ARTERY,*

### LEADING TO REPEATED ATTACKS OF SECONDARY HEMORRHAGE.

[Reported by CHARLES B. WALLER, M.R.C.S., England, House Surgeon, Rotherham Hospital, Yorkshire.]

WILLIAM W., æt. 28, fender-fitter, came to the hospital on March 16th, with a cut wrist, caused by putting his hand accidentally through a pane of glass. On examination, a cut about an inch and a half long was found extending across the wrist at the base of the thumb. There was no hemorrhage, but patient stated that when first done the bleeding was most violent. As it looked from this,

and the situation of the wound, as if the radial was wounded, everything was done to make it bleed again, if possible, but without success. The wound was now closed with two silver wire sutures, and a pad of oil lint firmly applied. A splint was employed to keep the arm at rest. The wound, however, did not do well; pus formed around the seat of injury, and the hand became considerally swollen and œdematous. Three weeks after the injury, patient came up in a very excited state, and said that without any apparent cause his hand had begun to bleed violently, and had then suddenly ceased. On exposing the wound no further hemorrhage took place, but it was thought advisable to keep him in the hospital. The swollen and painful condition of his hand did not allow of any pressure being applied, but a tourniquet was kept lightly on the brachial. On April 2d, while in the hospital, another severe attack occurred, the bleeding being very profuse, and only controlled by tightening the tourniquet.

The hospital staff was summoned, and, as the condition of the hand would have rendered an attempt to find the wounded radial almost impossible, Mr. Foote and his colleagues decided to tie the brachial. The patient was anæsthetized, and the brachial artery tied in the lower third of its course without any difficulty.

Next day the temperature rose to 103°, but at the end of a week it was normal, and the wound almost healed.

On April 13th, at his own request, he was again made an out-patient, to attend every other day and have his wrist dressed. His condition then was as follows: Wound in arm quite healed; wound at wrist almost healed, with only a small, sensitive ulcer over situation of radial artery; hand no longer swollen, but tissues considerably thickened around the wrist.

On April 18th, wound quite healed, and the patient was told he might begin to use his hand.

Next day, however, he again came running up with his hand bleeding as badly as ever. He stated that while moving his wrist up and down to overcome the stiffness of the joint, he felt something "give way," and immediately blood began to run down his hand. He was almost collapsed from nervous excitement. For a few moments it was difficult to control the hemorrhage, owing to the altered condition of the circulation, but pressure on the subclavian artery soon stopped it.

He was put under chloroform. A crucial incision was made over the wound. It was then found that a small aneurism had formed on the radial. The aneurism was about the size of a large pea, its coats were thin, and at the upper part had become united with the cicatrix of the wound, which was very thin at that part. A movement of the patient must have ruptured the cicatrix and aneurism at this point, and caused the hemorrhage. The aneurism was dissected out and removed, and the radial tied above and below. This was rather a difficult process, owing to the thickening of the surrounding tissues.

The wound healed rapidly by granulation. No further hemorrhage occurred.

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## *FRACTURE OF ACROMIUM PROCESS FROM MUSCULAR ACTION, FOLLOWED BY ABSCESS.*

BY C. W. HEFFNER, M.D., BELLEFONTAINE, OHIO.

THIS, to me at least, has been a case of considerable interest, for several reasons: first, because of the ignorance of the practitioner who first treated it; secondly, because of the manner of its occurrence; and thirdly, because of its course and termination. It is as follows:—

Grant S., æt. 18, farmer boy, while pitching straw on a straw stack, instantly lost the power of his left arm. The forearm and fingers he could use to a certain extent. At the time of this loss of power there was no pain, and he could not understand why he was unable to use his fork, suffering no pain of any kind. He is not conscious of having in any way whatever hurt himself, or made any extraordinary exertion.

About six hours afterwards he began to feel some pain, and to notice a slight swelling about the shoulder joint. On the morning of the fifth of August, 1884, or the morning following the one of the accident, the swelling was so great and the family were so much alarmed that they thought it best to call a physician—Dr. H., "a homœopath," being the man called. The doctor, as too many of our physicians, both regular and irregular, go about their business with their eyes of thought tight shut, blundered over the true nature of the trouble into the gulf of inflammatory rheumatism (the name given to all unknown maladies), so treating him, I sup-

pose, until the eighth day of September, when the case fell into my hands.

At this time the shoulder was so much swollen that a certain diagnosis, as to the nature of the injury, was almost impossible. I, however, by careful examination, concluded that the acromium process was fractured, and attempted at even this late date to place the fragments in apposition, thinking that they might possibly unite, but in a very short time I saw that there was but one thing to do, viz., to open the abscess which had formed and give free vent to the pent-up fluid. After making an incision just below the acromial origin of the deltoid muscle by careful manipulation I managed to work out a small piece of bone. The larger piece, however, I was still unable to remove. I kept this opening from healing by tents, thus giving free drainage. About the 14th of September I made another incision along the line of the spinous process of the scapula, and through this removed one and a half inches of the end of the acromium process. I was then at a considerable loss to know just how to give him a good arm. I put it up in good position, and kept the elbow well supported. I bound down the clavicle as well as I could with adhesive strips, and so kept it until March, 1885, when I took off the dressing to find that he has a fair use of his arm, and is able to go about his farm work, a thing I told him in the beginning of the treatment would be utterly impossible.

While my readers will notice my blunders, the result is much better than I had any reason to expect. The case is one, to me, very interesting, and the thing I most wished to find in books concerning it is not there, so if any of my professional brethren have anything to suggest I will gladly receive it.

## *HEALTH RESORTS IN NEW JERSEY.*

BY WILLIAM R. D. BLACKWOOD, M.D.,
Neurologist Presbyterian Hospital.

AS far as I know very little has been said about New Jersey as a health resort beyond the advocacy of many seaside towns or bathing places. Of these, Atlantic City has probably received the more notice, and there is good reason to believe that in the effort to attract invalids to the city in question, and to others on the coast, much harm has been done to developed cases of phthisis of all kinds. No fact is better understood than that such invalids require a *dry* atmosphere, and no results at any sanitary resort can equal those obtained at high elevations, where the air is decidedly rarefied as compared with that of the sea-level. Obstacles not to be avoided preclude the transfer to Colorado, or the uplands of Texas, of many invalids, and if any region nearer at hand would afford a reasonably good substitute, we should look it up and give our patients such benefit as may be had from the hygienic surroundings there presented. During several years service in the army, during and after the war, my attention was forcibly attracted to the beneficial effect of locality in pulmonary and dyspeptic disorders, and the good results of prolonged residence in the districts covered by pine forest, or in that bearing hard wood, in which much pine undergrowth prevailed, led me to look the matter up and to experiment considerably toward the hygienic and dietetic treatment of the affections alluded to, and others, with as little reliance upon drugs as possible. The results, as far as I went, were good, and during the last twelve years I have followed the matter up with still more satisfactory effects, because my patients have been within reach at all times, whereas during army life I lost sight of many, and could only learn their condition by unsatisfactory correspondence. Some of my cases have gone to the forests of North Carolina and to Eastern Tennessee, which present admirable aspects in the way of climate, air, and water, but ofttimes disastrous concomitants in the culinary line. "Way down South" the backwoods people are neither gourmands nor æsthetes, they are passionately attached to hog and hominy, and bread is a rare sight. Such biscuits as do crop out at odd times are literally *solid* nourishment, but from their mysterious attachment to saleratus, they unduly tax the dissolving power of ordinary stomachs, and, as consumptives must at all hazards protect their digestion, the drawback is fatal to their comfort or hopes. Dyspeptics curiously can digest these so-called biscuits sometimes, but at the loss of proper nutrition, and as no other form of bread is generally available, except to those invalids who take servants along from home, I, at last, tired of the complaints of my patients, cast about for something nearer at hand, where the out-door conditions would be practically similar, and the living nearer that of our own in quality and method of preparation. Plenty of

good country resorts are obtainable, but it appears necessary that the balsamic breezes of the pine, the fir, and the spruce woods should surround the invalid. You must go too far away to get there in our own State, but a little investigation opened the way in the pine-barrens of New Jersey. Generally speaking, the popular idea is that outside the large cities of that State the people are not comparable in intelligence and in attention to household comforts with those of other States, and this has at times deterred patients from trying the virtue of a prolonged residence therein at my request; but so far from there being any truth in this belief the contrary is the case, for I have found Jersey men and Jersey women unusually kind and considerate to visitors, and particularly so to such invalids as have been accepted as boarders under my care. More than that, the living and cooking is at least equal, if not superior, to that found at the ordinary farm resorts patronized by summer boarders in any Northern State. As far as farm-products are concerned, any inquirer can, by visiting the annual agricultural fair at Egg Harbor, see a display surprising in diversity, quality, and quantity of food material. There is no dearth of plenty to eat. The water throughout the middle belt of New Jersey is good and abundant. It is perfectly sweet, and free from saline or mineral contamination. The air is pure, bracing, and near the ocean is well charged with ozone. Storms are not more common nor more severe than in inland States, and the rainfall is the same as that of Pennsylvania and New York. The climatic conditions, therefore, are such as we need for health, as far as pertains to the Middle States, and if, in addition to this, we can add thereto any special characteristic, it is the duty of physicians to test practically the merits of more or less prolonged residence in a locality of this nature for those cases which demand a country life with out-door accompaniments particularly applicable to them.

The great advantages which I believe can be attained for two classes of invalids in this section, are: *First*, absolutely pure and bracing air tinctured with the peculiar terebinthinate balsamic odor, which is at once grateful and healing in incipient pulmonary complaints, and soothing in those more advanced, and which may be beyond certain cure. The relief to be obtained by such patients is well worth the trouble of seeking it.

*Second.* The accessibility of the region to be spoken of is a notable point. The family physician can in less than two hours reach a case should his services be desirable. Transfer between the city and the localities selected is obtainable at low rates, and any articles which may be ordered from the city, such as medicines, or delicacies in diet, can be obtained promptly. These are quite important items of comfort, understood by those who have exiled themselves to the far South or West, where perishable articles cannot be sent because of distance, and where they cannot be purchased because of lack of enterprise in the nearer marts of trade.

Next to cases of chest-trouble is the long and varied line of dyspeptics which are usually treated strictly by drugs alone, and in which physicians rarely try the effects of change of air and scene. This class of invalids has certainly been clearly benefited by a sojourn in one or other of the selected neighborhoods, in both my own practice and in that of some friends who have tested the results for themselves. Dyspepsia is not always a disease of the stomach or large intestine, and it can be treated by other ways than drugging, and by other drugs than pepsin. The reader interested in this line may refer to papers already published, in which I had more space than can be devoted to the question here.*

In a continuation of this paper in a succeeding number of THE BULLETIN, I shall have something to say about remedies, but just now the question of locality is uppermost. The region to be considered is that lying along the line of the Camden and Atlantic Railroad, between Atco and Absecom, and the choice of residence is determined by the necessities of the particular case to be treated.

Other sections of country doubtless present claims for attention, but my personal knowledge is confined to the points hereafter to be taken up. I do not care to have my patients nearer the Delaware than Atco, for reasons to be noted in the next instalment, and I also prefer to keep them within a mile or so north or south of the line of the railroad for the sake of saving time should I have to visit them, and to receive direct mail communication where such correspondence is desirable.

*THE MEDICAL BULLETIN, October, November, and December, 1884; Philadelphia Medical Times, 1882–'83; Transactions Philadelphia County Medical Society, Vol. 5, pp. 66, 135.

## THE OLFACTORY FUNCTIONS IN RELATION TO DIAGNOSIS.

BY DR. ALFRED S. GUBB,
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THIS subject, although a matter of daily involuntary observation, is one which merits a more scientific treatment than has hitherto been accorded to it. Possibly to the fact that the majority of these odors are of a more or less distinctly disagreeable nature this neglect is to some extent due. The subject is one replete with interest, even from a purely physiological point of view, but it acquires quite another importance when viewed from a pathological standpoint. Individuals living more in a state of nature, or who for some reason are more dependent on their senses, such as savages, Indians, or blind people, have always made a—to us—wonderful use of their sense of smell, which has attained with them an acuity of perception which we can scarcely conceive. Animals, too, having no pre-occupations beyond that of exercising their senses, obviously attain a far higher pitch of sensitiveness than man, and the enjoyment they derive from it is presumably great in proportion. The wine merchant, the tobacco importer, and the tea merchant, etc., all attain great delicacy of perception, without which their commerce would be difficult indeed. Why, then, should the modern scientific physician neglect an organ which, if properly trained, is enabled to furnish information at least equal to that furnished by any other sense. It cannot, of course, be pretended that absolutely no use is made of it at the present time, most medical men having remarked the peculiarly offensive nature of the excreta in dysentery, and of the breath in certain derangements of the stomach, but still these are gross forms requiring no delicacy of sense or education to appreciate. Again, it is worth remembering that we are enabled by means of the sense of smell to detect substances in the air, in quantities so small as to escape notice by any of the other senses, and defying the powers of the analytical chemist. Nor are the pertinacity and range of this perceptive power less remarkable,—the recollection of a particular smell will often outlast any other impression left on the senses. So a practised perfumer is able to retain and distinguish between as many as two hundred different perfumes in his laboratory.

Now that we have come back definitively to the axiom of Hippocrates, *medicina tota in observationibus*, so valuable an auxiliary deserves more than a casual attention.

One of the first conditions for the proper use of the olfactory apparatus is, as the ancients laid it down—*vie bene munctæ naris*—and certainly not less important is an intelligent education of the sense. Just as constant practice places an eye, so to speak, at the extremity of the finger of the gynæcologist, so constant observation will sharpen and define the sense of smell in those willing to cultivate it. The cutaneous odors, for instance, vary considerably independently of disease, not only in the different races of man, but also in individuals of the same race and even of the same sex; nevertheless, they may be considerably modified, consequent on the ingestion of certain drugs, such as sulphur, or in consequence of certain diseased conditions, such as rheumatic fever or variola. So marked is the variation from the normal in the two latter diseases, that an average practitioner could diagnose the disease in certain stages by the smell alone. The same remark applies to typhus fever, and very markedly to the condition of uræmia, or inflammatory mischief after childbirth. The difference between the sweetish, somewhat insipid odor of the healthy lying-in room, the *gravis odor puerperii*, and the acrid, disagreeable odor when the lochia have become modified, is marked and peculiar. The cause of the acid smell in acute rheumatism has been generally attributed to the presence of lactic acid in the sweat, but lactic acid has no odor of its own, and here as elsewhere the odoriferous properties are attributable to one or the other or several of the fatty acid group, either excreted as such or the result of the transformation of the cutaneous secretion as a whole. Certain ill-understood changes occur in, or may be peculiar to, some unfortunate people, whereby the normally insipid odor of the skin is exchanged for one which may be horribly offensive, and this may be general or limited to certain parts of the body.

The breath, again, is subject to variations in disease generally as pronounced as they are disagreeable. The horrible odor of the breath of the patient suffering from typhus was remarked long ago. Lucrece says:—

> "Spiritus ore foras tetrum volvebat odorem
> Rancida quo perolent projecta cadavera ritu."

In typhoid fever the breath is often fetid, but is then very likely due to the state of the

mouth. Sulphur taints the breath with sulphuretted hydrogen, while copaiba and alcohol both tend to compromise the person whose breath betrays their use. In diabetes the breath possesses an odor of fermentation, while in uræmia it is distinctly ammoniacal, and is sufficiently pronounced to serve often as a warning of the peril.

Dyspepsia again, especially those forms attended by some irregularity of the normal fermentative action, tends to render the breath execrably fetid, and the presence of the ascarides in children is said to give rise to a garlic-like odor. The breath is, of course, much modified in its passage through the mouth or nose by the state of these passages. In ozœna, the breath, when expired by the nose, is insupportably fetid, and decaying teeth or ulcerative stomatitis produce the same effect when expired by the mouth.

The urine, also, is remarkably susceptible of change in this respect. The "new-mown hay" smell of diabetic urine, and the ammoniacal smell of the urine in cystitis are gross examples of the fact. The pronounced odors resulting from the taking of copaiba or cubebs; the violet odor produced by the ingestion of turpentine, or the characteristic effect of a meal comprising asparagus, all show how direct is the connection between ingestion and excretion.

The stench evolved from persons suffering from anything approaching starvation is also very remarkable, and has been attributed to the premature decomposition of the ill-nourished tissues. The odor of discharges is often perfectly characteristic; pus from the neighborhood of the intestines having the well-known fecal odor, and that from carious bone, if not fecal, is none the less peculiarly offensive. The pestilential effluvium of carcinoma anywhere, and particularly of the uterus, is one of the hints to diagnosis that even a tyro could scarcely ignore. The subject, as we have said, is a rich one, and will well repay systematic research. Although not every one is prepared to do the drudgery of the work, all would be willing to appreciate and utilize definite information as to the precise changes that are concerned in the production of these changing yet none the less characteristic odors.

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THE MEDICAL BULLETIN is the largest and best journal published for $1.00 per year.

## *THE TREATMENT OF WRITERS' CRAMP.*

BY R. P. ROBBINS, M.D.

[Read before the Philadelphia County Medical Society, March 18, 1885.]

IT would be supererogatory, I think, to give to the members of this Society any detailed account of the symptoms of the disease commonly known as writers' cramp, as most of those to whom these remarks are addressed have doubtless seen, and, perhaps, been baffled in the treatment of cases of that very troublesome and annoying neurosis, in one of its three forms. It will be necessary for me, however, before discussing the methods of treatment which, in my hands, have met with varying success, to touch somewhat upon the mooted question of the pathology of the disease. I spoke of writers' cramp as a neurosis; in this view of the nature of the disease, I would be supported by many of the authorities to whom you would be likely to refer, but you would also find almost an equal number who would not regard the malady as a neurosis at all, or at least would quarrel with any theory which located the lesion in any part of the central nervous system. As far as I am aware of the history of the disease, and I have lately given the matter considerable study, there is no record of any case where an autopsy gave opportunities for an exact determination of the seat of the lesion, and it does not seem likely that we are now any nearer the solution of the problem by this means, than we were in 1857, when Zuradelli, of Pavia, published his brochure, "Del Crampo degli Scrittori," in an Italian journal. This writer was strongly of the opinion that the cramp was a muscular, rather than a centric disease, his theory being that there was a debility of certain muscles generally employed in certain coördinate movements, and a secondary spasm of opposing muscles. Even so late an essayist as Dr. Poore, of London, to whose admirable little book, "Electricity in Medicine and Surgery," we owe many excellent suggestions as to the treatment of many diseases in which the battery can be used with advantage, does not array himself strongly in opposition to this theory, and I am aware that many of those whom I am addressing to-night probably hold the same opinion. On the other hand, an array of authors, Duchenne, Erb, Althaus, Solly, and others, very emphatically give as

their dictum, the conclusion that the disease is due to a lesion of some point of the nervous centres although they are divided as to its localization. Dr. Solly is the only one who definitely gives it as his belief that the lesion is to be found in the cervical portion of the cord, and that there is a granular degeneration of what he calls the "nucleated vesicles."

I have said this much regarding the possible pathology of the disease, simply as prefatory, because, of course, the nature of the treatment will be influenced to a greater or less extent by the views which you hold as to the etiology of the disease, although I may say for myself, that my opinion, formed after some experience with a number of obstinate cases, and also after considerable investigation into the literature of the subject, strongly tends towards the conclusion that the lesion is to be found just where Dr. Solly says it is, in the cervical portion of the spinal cord; and it is with this belief that I have to suggest a course of treatment, which, I think, will benefit any case, if the disease be taken in time.

As I have intimated, I pass over any attempt to describe the symptoms of the disease as entirely unnecessary, only noting that all cases will present themselves under one or the other of three forms. They will be either (1) spastic, (2) tremulous, or (3) paralytic, and these three divisions will, to you, carry their explanations in their names. Nor do I think that the variety in form would influence the method of treatment, which could be applied to any of them indifferently.

Now, there are three factors in the treatment of writers' cramp, or, indeed, of any of these analogous conditions of incoördination, which are met with in tailors, telegraphists, pianists, milkers, and others. One of these factors is essential, the other two are simply effective methods of local stimulation. I refer to *rest*, *electricity*, and *massage*. I will speak of these *seriatim*.

1. Your patient must have absolute rest, not necessarily of the whole body, but absolutely and entirely of the affected muscles, as far as those particular movements of coördination are concerned, whose abuse has brought on the attack. It is necessary to be very firm in demanding this element of treatment from your patient—various objections will be urged; the disease is to be met with amongst a class of men upon whose pen depends their livelihood—to suggest rest to them is to suggest starvation. Your only answer can be the unfavorable prognosis which is unchangeable in all cases where you cannot secure this factor. I have no hesitation in saying that no case can possibly recover, unless time be given to the degenerated nerve-centres to regenerate themselves, and that they assuredly will not do if the demand upon their functional activity continues. In some cases I have been accustomed to order the arm to be carried in a sling for a week or so, to remind the patient that all writing is to be shunned; with the majority of patients this suggestion will be unnecessary; of course, I need hardly add, any other coördinative movement, involving the same group of muscles, may be indulged in with impunity.

2. Electricity is an important factor in the treatment, but I do not regard its use as absolutely necessary in simple uncomplicated cases, when taken early enough. I believe, however, that it hastens recovery, and therefore should always be employed. The continuous, and not the faradic, current should be used. The latter has been a favorite amongst the Germans, so high an authority as Dr. Erb sanctioning its use; but I am inclined to think, with Dr. Poore, that the best results are most certainly obtained by the employment of the continuous current. A weak faradic current may be strong enough even to destroy the electric irritability of the worn out muscles in writers' cramp. Galvanism, to my mind, offers the safest and best mode of electrical treatment, and one which, in favorable cases, is sure to be followed by good results. The current should not be so strong as to cause muscular contraction, but should produce a slight tingle at the ends of the fingers when the circuit is made or broken. It should be used every day for the first fortnight; after that time the séances should be gradually diminished in number until the end of the second month, when they may be discontinued in a typical case where recovery progresses without intermission. But the disease varies so much, some cases yielding easily to treatment, and some proving so unreservedly obstinate, that it is hard to lay down an iron-clad rule with regard to the administration of the electricity. Concerning the method of its administration, I think the suggestions of Dr. Poore so admirable that there seems no good reason for departing from his manner of treatment. He says:—

"One pole (the positive) is placed, let us say, over the axilla, and the other over the ulnar nerve just where it leaves the biceps muscle *en route* for the olecranon. The strength of the current is short of that which causes muscular contraction, but is just sufficient to make the patient conscious of a tingle in the end of the little finger when the circuit is made or broken. The patient is made to exercise the interossei by separating and approximating the fingers rhythmically. Take another example: The positive pole may be placed over the median nerve at the inner border of the biceps, and the negative over the body of the flexor longus pollicis, while the patient is made to flex rhythmically the distal phalanx of his thumb; or, again, the positive pole may be placed in the axilla, and the negative over the musculo-spiral nerve as it turns forward alongside of the supinator longus, just above the bend of the elbow; and the patient is then made to supinate the hand or extend the fingers rhythmically.

Of course, this plan laid down by Dr. Poore, is subject to variation, but the general scope of treatment by electricity which he suggests should not be departed from. Dr. Erb, indeed, advises galvanization of the head, cervical sympathetic and cervical cord. This does not seem to me to be necessary, but there is no reason against its employment.

3. I approach the subject of massage in the treatment of these professional over-movements with considerable diffidence, because of the extravagant claims which have been made for it, as a curative agent in these diseases; yet I must say that the statistics, which have been published both in America (by Dr. Douglas Graham in his Practical Treatise on Massage) and abroad by different observers who have employed the method of Wolff, are very strong in favor of its use. It is claimed that Wolff has cured at least fifty-four per cent. of the cases of over-movement which have come under his care. His method is indorsed by many leading Continental specialists, Charcot amongst others, and since his sojourn in England, so lately as January of this year, Dr. de Watteville has reported several cases which he submitted to Herr Wolff, and whose treatment resulted in a cure. Briefly, Wolff's method "rests exclusively upon active and passive gymnastics of the fore- and upper-arm, upon massage, percussion, and friction of the same parts, and after a time elementary exercises in writing, prescribed and adapted to each case by holding the pen in a definite manner. These are gone through with two or three times daily for half an hour or so at a time."

I need hardly add that when massage is employed, and it should always be employed when the means of the patient will admit of it, it should always be entrusted to a skilled manipulator; no course of shampooing, rubbing, or other manipulation by the patient or the physician can take the place of the operations of a trained masseur. It is, therefore, unnecessary for me here to enter into a description of the method of its administration; Dr. Graham has done this thoroughly in his treatise, to which I refer you.

When there is a depressed condition of the general nervous system, strychnia may be employed with advantage in these cases. I have also found the acid phosphates (after Dr. Pepper's formula—see "Tyson on Diseases of the Kidney") a very valuable tonic. Calisthenics, addressed to the development of the affected muscles, are also of some value.

[Dr. Robbins closed his address by exhibiting several apparatus, and photographs of others, invented for the support of the arm and the relief of the affected muscles, and remarked "that no amelioration in the symptoms can be expected to be accomplished by these instruments alone;" and he thought that "the patient is better without than with them."]

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## *AVENA SATIVA IN THE TREATMENT OF OPIUM ADDICTION*

### A THERAPEUTICAL FRAUD, A DELUSION AND A SNARE.

BY J. B. MATTISON, OF BROOKLYN, N. Y.

AT the annual meeting of the New York State Medical Society, in February, 1882, Dr. Sell, of New York City, presented a paper on the treatment of opium addiction by a tincture prepared from oats, asserting it "the very best remedy in the distressful, and, in many cases, hopeless malady of the opium or morphine habit," and expressing his belief that "he had not lived in vain were he to have accomplished nothing else in life than to have discovered that the avena sativa is a cure for the opium habit."

As was to be expected, a claim so remarkable, made under the auspices of such an organization, attracted attention, and when was added

to this the business enterprise of the drug-firm manufacturing the article in question, who, by an extensive distribution of reprints of the paper mentioned, doubtless secured for it the notice of many physicians, we shall at once appreciate the importance of evidence that will tend to confirm or refute the claim presented.

Dr. Sell's paper has been repeatedly criticized, professionally, for the loose manner in which his cases were observed and recorded. Four were cited. In the first, it is admitted "the patient was not cured." As to the second, evidence from a reliable medical gentleman was not lacking that despite the patient's denial, the opiate was continued in a different form. In another, the attending physician, after a recital of the varied and futile efforts of his patient to obtain relief at the hands of several charlatans, wrote that despite the use of the avena, "he has paroxysms of weakness, which he himself expresses as an entire goneness, and an unearthly feeling and restlessness at night. *At such times he resorts to morphine.*" (Italics ours.) "If you could suggest anything to aid in overcoming them the victory would be ours. Should we succeed, it will be the greatest victory yet obtained." Not the slightest evidence is afterward offered that the "greatest victory" was ever secured! On the contrary, the medical attendant in this case wrote to us as follows: "The person to whom you refer, and of whom Dr. Sell spoke in his pamphlet, started on a visit just as his case was making every indication of yielding to the treatment he was receiving at my hands." The "indications" referred to consisted simply in the morphia reduction, after a time not stated, to one-quarter his original daily taking! And this result—which is not uncommon from simple, gradual decreasing, apart from any medication—was not due to avena alone, for the Doctor expressly states, "I used the avena and coca alternately. Gave the avena through the day and coca at night. Sometimes I combined the two." "I gave of the avena from one-half to an ounce at a dose, and about the same of coca. The *coca*—fid. ext.—appeared to overcome the great prostration and lassitude of which he complained when not taking it!"

In the fourth, of which the details as to treatment are very meagre, it was asserted that the patient, who had used morphia for twenty years, reaching 32 grains per diem, was treated with the avena, and had used no morphine since she began the tincture, "except for the first *two weeks*, when she occasionally took small amounts to relieve *extreme distress*."

The patient's condition during "those two weeks" is left to conjecture. Is it not likely that they were painfully eventful weeks to her? As to another patient, whose case will be cited later, for the words "extreme distress," and the repeated need of morphia, are very significant, and probably are the essence of what was the *true* cause of success; that is to say, it was, practically, a case of *abrupt opiate withdrawal*, uninfluenced by avena; hence the "extreme distress," to relieve which morphia was repeatedly taken.

Now, it must be conceded, we think, that these cases present very slender support on which to rest one's claim to posthumous fame. He must be a modest man, indeed, who is willing to have his name go down to posterity as a public benefactor—one who "has not lived in vain"—with no stronger proof of his alleged benefactions than the history of these cases afford! The first was an admitted failure; the success of the second was disputed; the hoped-for result of the third was never reached; and the fourth gave striking evidence of being a case in which the good result was secured by *enforced abstention*, giving rise to *intense reflex irritation, continuing a fortnight*, and, despite avena, requiring repeated doses of morphia! Of what scientific value are they? And what a *palpable absurdity* to vaunt the virtue of *any* remedy on such evidence as this!

So much for the supposed direct testimony to the value of avena. Now for evidence of a somewhat different order, though quite as direct.

Subsequent to the reading of the paper containing these cases, Dr. Sell wrote more at length on avena, which, with the original article, appeared in the reprint to which we have alluded. This addition, while lauding sativa in the treatment of various disorders, presented copies of letters from a number of physicians commending it, and, among them, several who claimed to have used it with success in the treatment of opium addiction. To each of the latter we sent a request for information in detail, and inclosed the following queries as to the habitués treated by avena.

Sex?
Age?
Cause of addiction?
Form of addiction?

Duration of addiction?
Amount per diem?
Dose of avena?
How often daily?
How long continued?
Was avena only used?
If other remedies, what?
Was opiate suddenly or gradually abandoned?
If gradual, how long in withdrawing?
What proof was given of *entire* opiate quitting?
Was any examination of urine made to determine absence of morphia?

From all these replies were received, and we invite attention to the contrast between the original letters—in reprint—and those in answer to us.

Dr. A. wrote: "I am giving the conc. tinct. avena sativa for the morphia habit, and I find it will cure, I believe, *all cases, no matter how long they have been the slave* of this opium monster. I think this is the greatest discovery of our age."

His reply to our request, was: "I felt sure of avena being the long looked-for cure for the opium habit, but find that all the cases that I treated have used opium, in some form, all the time I was treating them, and positively declared that they were cured and discharged as sound. All is failure with me so far."

Dr. B.: "The conc. tinct. avena sativa worked to a charm in the morphia habit. Having tried cannabis indica, Jamaica dogwood, coca, etc., in this case. I am so well satisfied with the avena that I intend to try it next time I have a case of the kind."

In answer to us, he said: "In reply to yours of 26th inst., would say that no categorical reply is necessary. I sent for a bottle of avena, and thought my patient was receiving great benefit from it. In ordering the second bottle I used the words which B. K. & Co. quote. I had no idea that my words would be so used, and am sorry, as the avena, aside from being a pleasant stimulant and slightly nervine, is, I think, nearly inert. Now, I am stating the whole thing freely for *your* benefit. *Verbum sap!*

Dr. C.: "I have been experimenting with the conc. tinct. avena sativa with favorable effects in the opium habit."

To us he wrote: "In my first attempt I was quite sanguine that the avena alone was to become a most valuable remedy,—almost equal to what has been claimed for it. To my great regret I soon found my cherished hopes unrealized; that my patients would not endure the suffering; therefore, they had stealthily again returned to their old friend (?) for relief."

Dr. D.: "I am also using it, avena, in a case addicted to the use of opium, and find that it enables the patient to do with half the quantity of the opium that he used before."

Answering us, he said: "As you will see by referring to the questions propounded to me, the answers are not very satisfactory. The patient did not use the avena more than a month, and did not stop the use of opium at all. I do not believe it would support the nervous system, and prevent that terrible aching and nervous prostration caused by the entire abstinence from opium."

Dr. E.: "I have tried a small amount of the conc. tinct. avena sativa, and am more than pleased with it in the opium habit. A bad case of the opium habit is doing everything that could be expected."

I reply to our letter he mentioned *three* patients who had used avena, but *not one haa quit opium!* "The severe pain called for some anodyne," and resort was again had to the opiate!

Dr. F. wrote: "The conc. tinct. avena sativa has been more successful in the treatment of the opium habit than anything I have ever tried, and I have tried various other remedies, amongst them the advertised nostrums." After repeated effort to elicit further information from Dr. F., he replied that the patient to whom he referred had recently died, but the *habituai opiate had not been abandoned!*

Here are eight cases advanced in support of avena, and yet, on thorough trial, *in every instance it proved a failure!*

But let us examine other cases. Dr. G. narrates this extraordinary instance: Patient had been a habitué three years, taking from 15 to 30 grains of morphia, by the mouth, daily. The narrator says: "I obtained the avena and prescribed it in 15-drop doses whenever he felt the need of morphine, which was four times a day, and for two nights I gave him about a one-fourth grain of morphia, when he said he could do without it. Thus he left off taking morphine, and has never taken another dose of it. The first night without morphine he slept reasonably well, and each succeeding night better, until five nights, when he slept well. All this time he rested very well," etc.

Now, this is a most astounding statement. That any one taking 15 to 30 grains of mor-

phia, daily, for three years, should quit all at once,—for, practically, this is what is claimed, inasmuch as only two one-quarter-grain doses, twenty-four hours apart, were given,—sleep well every night, have no reflex disturbance, "all the time resting very well," is quite beyond our credence. Personal experience, covering many cases, has never afforded a like instance, nor has our reading ever furnished one. This stands unique and alone, an unparalleled case, or a great deception.

Dr. H. was the attending physician of Miss ——, who asserted that she used opium twenty years and was cured by avena. In response to our request, he cautiously gave us details of her case. The dose of avena was "from 15 to 25 drops, three or four times a day." It was continued "in all seven months."

"Was avena only used?" "No; other remedies. For first two or three weeks occasionally gave some nervine, as potass., brom., valerian, castor, etc. At bed-time, on the fourth or fifth day, gave 15 grains chloral with brom. potass. Used tonics and stimulants, iron, quinine, carbonate ammonia, and brandy. After diarrhœa ceased did not use brandy, but gave tonics in some form for two months." We shall again refer to this somewhat remarkable therapeutical exhibit.

The Doctor further wrote: "I saw her several times a day. For a long time it was a *desperate fight*. She had several attacks of diarrhœa; also, two or three severe attacks of pain in the bowels; at those times I gave a small amount of opium with other remedies."

Desiring further testimony, the writer not long since addressed Dr. Sell, requesting the names of those who had used oats in this disorder, and received a list, all of which with one exception, to which we shall refer, were in the reprint mentioned, consequently we gained little additional information. Having his assurance that "should the above number not suffice for your purpose, more can be furnished," we again wrote him, to which he replied, but failed to mention any others, and referred us to the manufacturers. To them we wrote and received a printed slip, having an added testimonial, of which more later.

Dr. H., the additional party named by Dr. Sell, gave us the following case. Patient five years addicted to morphia, 15 grains per diem. Was treated by avena, 15 to 20 minims three to four times daily, and continued "about a year." The opiate decrease extended through "three months." The renal secretion was not examined for morphia, and the proof of opiate quitting was "husband's word and payment of account." In explanation of the latter, it may be stated that treatment was begun on the principle of "no cure, no pay," and the fact that "the bill has been paid, and the husband says she has no desire for morphia," was the evidence of cure.

Dr. K., the gentleman named by the makers of avena, reported, in request to our inquiry, as follows: Mrs. ——, æt. 60, two years addiction; morphia by mouth, and on ulcer; amount "not less than two grains a day." Was treated by "avena in 10-drop doses in hot water three times daily, and 15 drops at night in cold water." It was continued "three months nearly." As to the other remedies, "some potass. brom. early in connection with the case," and "she got about a pint of whiskey." As a result of the avenal medication, "she complained so of her bones aching that I suspected syphilitic complication, and gave potass. iodid., and she complained of sore throat, and I withheld that and gave the avena and constitutional remedies,—as quinine, iron, etc. Having this therapeutical insight of the case, let us note progress. (Italics ours.) The opiate quitting was abrupt. "After the morphia was withdrawn, I was obliged to call and see her sometimes five and six times a day. She would be *perfectly frantic*, and at times I almost relented, and thought of returning to the morphia. She complained so of her bones aching, etc. Only once when she was raving did I give her a dose of morphia. For several days after taking away the morphia she did not sleep until near four or five o'clock in the morning, and then *from exhaustion, from crying and beating and pounding her arms and legs!*"

Dr. L. reported two cases treated by avena—females, æt. 39 and 65. In reply to our request for details, he wrote that in the first case the nervous disturbance following withdrawal was "*very marked the first ten days*," sleeplessness "for the first two weeks," and diarrhœa persisting "for three weeks." In the second patient, the reflex irritation continued "for two weeks," the insomnia "the first two weeks," and the "diarrhœa for three or four weeks." In each instance, the morphia was gradually withdrawn, and yet, despite avena, there were "very marked" nervous irritation,

insomnia, and diarrhœa persisting from ten days to four weeks.

Dr. M., dentist, reported his own case as follows: Ten months addiction reaching a maximum of 18 grains daily by mouth. "Stopped at once; commenced taking avena in 40-drop doses, and for the first ten days took six or seven doses a day. At the end of a fortnight, "eat heartily; slept last night at least four or five hours." "Feel sanguine; am not going back to morphia."

Now, as to the truth and consequent value of the above record, we submit testimony from two reputable medical men, who were cognizant of the case, and courteously gave us the following details: Dr. —— wrote, "I think I saw him for a period of two or three weeks, almost daily, but after the period mentioned he ceased to visit my office, and I learned, indirectly, that he had returned to his old habit. He became a frequent visitor of ——, in our village, and I have reason to believe procured morphia, and on the twenty-fifth of February, 1883, was found in the office of —— in an unconscious condition, and soon died, doubtless from over-narcotism." At "an inquest on his body, February 26th, it appeared from the evidence offered, that for several days he had been drinking hard, and had taken enormous doses of potas. brom., chloral, and *morphia*."

Dr. —— wrote: "Some time between December 20th and 25th, 1882"—this, be it noted, was when, as asserted, the morphia had been abandoned—"he came to my office. Said he had been kept awake all night with neuralgia in his shoulder, and wanted a hypodermic of morphia. From his general appearance I became suspicious that he had used opium, but gave him the hypodermic. Next morning he returned and wished another. This I insisted on inserting, and found both of his arms, from shoulder to very near the wrist, were completely pitted with punctures, *some of them fresh*, also marks of former numerous abscesses. I refused to give him any more morphia. His condition was about the same from his first coming to my office, till within say a week of his death. On February 24th, the day prior to his death, he came to my office in an awful condition. Said 'he had lived for a week on *morphia*, chloral, and brom. potass., and that the narcotics had no influence on him now.' I took from him a bottle, one-eighth ounce, quarter full of morphia, and about one-half ounce of chloral. Said 'he had been taking morphia for years.'" The next morning he again applied for an opiate, was refused; went to another physician's office, and in a few hours was dead.

So much for the history of this case, to which we have referred somewhat at length, simply to show its *absolute worthlessness* as regards the fact of cure and value of avena.

From a number of correspondents—medical men—who had used sativa in hope of effecting release from opium, to which, unfortunately, they had become addicted, the following testimony was elicited:—

Dr. N.: "I could not see as it had very much effect in my own case, although I took it quite a long time. As an antidote to the opium habit, I think it is of but little account."

Dr. P.: "In the few instances in which I have tried it, the effect has been *disappointing;* the result being either *nil*, or *decidedly unfavorable*. As a specific for the 'opium habit' I don't believe it will ever win any great or lasting triumph."

Dr. R.: "I had a quantity of avena made by Dr. Keith, I think, understanding his was the best, and upon taking it, I could not see that it had a particle of effect of any sort—good, bad, or indifferent—no more than so much water."

Dr. S.: "Had used avena sativa in his own case, increasing the dose to *one ounce*, and might as well have taken so much water."

Dr. T. reported the case of a relative who "took two and a half pounds of it, but could not get below one grain daily, and miss two or three days morphia; but took ℥j doses five or six times a day then."

We have here the record of twenty-four cases of opium addiction treated by avena. Nineteen of them were advanced by Dr. Sell, or Keith & Co., to prove its value. Let us examine these somewhat in detail.

Case I.—An admitted failure.

Case II.—Cure disputed by a reputable medical man.

Case III.—Not a success, and even the partial result mainly due to coca.

Case IV.—Indisputable evidence of being one treated by abrupt withdrawal, followed by the "extreme distress" sequelæ of that method, unmodified by sativa. What a palpable absurdity to vaunt the virtue of sativa on such proof as this!

Then follows the record of eight cases, *every one of which was a failure*. And yet Dr. Sell, Keith & Co., "rush into print" with the claim that they attest the value of avena! What a farce! We are not largely gifted in legal lore, yet we hazard little in thinking that were a claimant to present himself in chambers with such evidence as this, he would be speedily nonsuited—thrown out of court on the *cross-examination of his own witnesses*.

Case XIII.—We venture to assert this a *gross deception*, and to any one familiar with the history of an *honest* opiate quitting, this assertion will at once commend itself. We do not impugn the veracity of Dr. G., he may have had full faith in his patient, but there was duplicity somewhere, and in this connection we are reminded of a case cited by a physician in the Med. and Surg. Reporter, February 3, 1883, in which a young man addicted to morphia, two or three drachms per week, for more than two years, "stopped it at once, without any inconvenience, or the ill-effects so usually experienced from its use. Had no effect on him perceivable. Says he feels as well as ever he did in his life, and has from the day he stopped."

Feeling convinced that the fellow was lying, we wrote Dr. ——, expressing our entire disbelief in his patient's story, and asked for details. No reply was given. Later, however, came the sequel to this Munchausen tale. A medical gentleman addicted to morphia who had recovered under our care, wrote to Dr. ——, expressing an opinion similar to ours, and received in answer, "Undoubtedly you are correct. I was never more deceived in humanity than I was in this case. I could have taken the young man's word as far as most men's oaths, but he deceived me, for I have taken pains to learn since that he is procuring the drug from another source."

Case XIV.—This case is somewhat striking, and, as tending to prove the value of avena, worthless. The number and variety of remedies given have doubtless been noted, and we fail to see how it is possible to select sativa from the half-score or more of other drugs, as *the* one entitled to credit. Besides, the history of "a desperate fight," "several attacks of diarrhœa," the need for repeated doses of opium, for "carbonate of ammonia and brandy," are all proofs of marked nervous irritation and exhaustion, for the relief of which sativa seemingly was nearly or quite inert. We do not question his recovery, but we dissent *in toto* from the opinion that it was brought about alone by avena.

Case XV.—The fact of cure is not disputed. If, however, it be remembered that the decreasing process continued "three months," and that the avena was given "about a year," it will at once be apparent that the element of *time*—the *vis med. naturæ*—was a potent factor, probably, in view of the little effect from oats in other cases, the *most* so in bringing about a good result.

Case XVI.—We invite renewed attention to this history. Closing his case, Dr. K. asserted, "It was an aggravated case of opium habit cured by avena." To both these conclusions we must demur. Two years morphia-taking, two grains daily by mouth, or on ulcer, scarcely makes an "aggravated case." Nor was it cured by sativa. In his published report, Dr. K.'s statement is, "shut off the morphia, and ordered the con. tinct. avena sativa. After three weeks' use of same she sleeps well." Very good, but what about those "three weeks"? What the patient's condition during that time? In this report, which with others has been given such wide currency by the makers of avena, one is left to infer that, with no other treatment, this patient went satisfactorily on to recovery. Now we respectfully submit, that, in view of the facts we have presented, this statement is *grossly misleading*, not wittingly, doubtless, but nevertheless *misleading*, for really during those twenty-one days she was bearing the torture of abrupt withdrawal. Setting aside all reference to "brom. potass., whiskey, and constitutional remedies, such as iron, quinine," etc., that were used, the history of this case, on the medical attendant's own evidence, proves conclusively that it was one of *enforced abstention*, entire and abrupt, not controlled by avena, since it was followed by symptoms which the sativa, were it so effective, would have lessened or prevented. Clearly it did *not*, else the gentleman would have been spared the recital of his patient's suffering. The Doctor's trustful confidence in avena, while day after day, through week after week, the poor woman struggled on, actually insane from her agony—"raving," "frantic," "exhausted from crying and beating and pounding her arms and legs"—is quite touching, but it must have been a trying time for the said patient.

Cases XVII. and XVIII. have already been commented on.

Case XIX.—No comment on this case is needed, other than to call attention to the utter untrustworthiness of the self-asserted history, and the positive proof that the opiate was *not* abandoned.

Cases XX., XXI., XXII., XXIII., XXIV.—The testimony of these medical gentlemen is positive and direct. No other comment is called for.

To recapitulate: Of these twenty-four cases fifteen were admitted failures.

(One), Case XIX.—Patient did not recover.

(One), Case II.—Recovery was disputed.

(One), Case XIII.—Is quite beyond credence.

(One), Case XV.—Time and *vis med. naturæ* probably *the* factors in cure.

(One), Case XIV.—Ten or more remedies being used, it is absurd to elect avena.

(Two), Cases XVII. and XVIII.—Gradual withdrawal, despite which and sativa marked nervous disturbance from ten to forty days.

(Two), Cases IV. and XVI.—Abrupt withdrawal, with intense reflex irritation, unaverted by avena.

In connection with the last four cases, an extract from another pamphlet lately gotten out by Keith & Co., in which they still laud avena, is of interest. Speaking of removing an habitual opiate under the use of sativa, they say, "That the above can be done *without much derangement is impossible!*" Quite true, as the record of these four cases will attest.

In only six of the twenty-four cases cited will we admit a cure; and in those six we assert—and of this assertion we invite any honest criticism—that *avena was not* the main factor in success.

It is now nearly thirteen years since our first case of opium addiction. In the interim our professional attention has been largely, and, of late years, exclusively devoted to its treatment. Such being the case, it has been our aim to avail ourself of any and every aid tending to advance its therapeutics. In this effort avena has not been omitted, and our experience with it can be tersely stated. *We have given it again and again, in water hot and cold, at intervals short and long; have prescribed it day after day; have known it taken, and the symptoms of opium abstinence steadily increase, until it was cruel to insist on further taking; have given the dose advised, and, doubling every half hour, increased it to one ounce, and have always found it worthless—absolutely good for nothing!*

Let it be distinctly understood that what we have written is germane only to the use of avena in opium addiction. Its value in other disorders does not here concern us, nor is it disputed.

In the pamphlet last mentioned, it is asserted: "As an antidote for the opium and morphia habit, it has been proven without an equal; for, by its action, the physician has been enabled *to furnish such stimulation and tonic effect* to the nervous system of the opium-taker as was necessary."

The truth of both these statements we *emphatically deny*, and in support of our denial offer the evidence we have recorded.

As a stroke of business strategy, the enterprise of its vendors, in so widely and persistently vaunting its virtue, may entitle them to credit, but, as tending to advance the interest of scientific medicine and the well-being of those so in need of true relief, it seems to us open to scathing criticism.

In view of what we have written, is it not time to prick this bubble, and are we not warranted in asserting it, albeit the language seem somewhat intemperate, "*A therapeutical fraud, a delusion, and a snare?*"

## THERAPEUTIC NOTES.

### CAPILLARY BRONCHITIS.

Professor N. S. Davis recommends—

℞. Ammonii chloridi . . . ℥ij.
Antimonii et potassii tart. . gr. ij.
Morphia sulphatis . . . gr. iij.
Ext. glycirrhyzæ fl. . . ℥j.
Syrupi . . . . . ℥iij.

M. Sig.—One teaspoonful every three or four hours.

### CHRONIC BRONCHITIS.

Professor Da Costa has obtained good results from the use of chlorate of potash in chronic bronchitis when the expectoration is scanty and tenacious. In these cases he frequently orders—

℞. Potassii chloratis . . . ℥j.
Ammonii chloridi . . . ℥ij.
Tinct. hyoscyami . . . ℥ss.
Syr. pruni virginianæ . . ℥iiss.

M. Sig.—Two teaspoonfuls three times daily.

ACUTE BRONCHITIS.

Professor N. S. Davis recommends the following formula in the early stage of acute bronchitis :—

℞. Tinct. veratri viridi . . ℥iss.
Vini antimonii . . . ℥ss.
Tinct. opii camphoratæ . ℥iiss.
Liq. ammonii acetatis . . ℥ij.
M. Sig.—One teaspoonful every two or three hours.

If the tongue is coated, bowels constipated, and urine high-colored, from one to five grains of calomel should also be given, and followed in four or five hours by a saline laxative, to procure two or three evacuations from the bowels. Under this plan of treatment the high fever and soreness of the chest rapidly diminish, the breathing becomes easier, and the expectoration more free. As soon as this result is attained, Professor Davis discontinues the preceding mixture, and orders—

℞. Syr. scillæ comp. . . . ℥iss.
Tinct. sanguinariæ . . ℥ss.
Tinct. opii camphoratæ . . ℥ij.
M. Sig.—One teaspoonful every three or four hours.

If the patient suffers much from nervous restlessness, or from headache, aggravated by coughing, the addition of potassii bromidi ℥ss to this formula will bring relief from those symptoms and promote rest.

If at the end of three or four days the temperature rises in the evening and the cough becomes more troublesome at night, the following should be given in addition :—

℞. Quinia sulphatis . . gr. xxx.
Pulv. sanguinariæ rad. . gr. ij.
Codeia . . . . gr. j.
M. Ft. charta No. iv.
Sig.—One powder every evening.

In patients previously debilitated by ill-health or overwork, the acute symptoms subside after three or four days, but a distressing cough, accompanied with copious muco-purulent expectoration, remains. There is also a feeling of unusual weakness, and a greater or less disgust for food.

These cases rapidly improve when placed upon the following formulæ :—

℞. Quiniæ sulphatis . . gr. xxiv.
Acidi hydrochlorici dilut. ℥j.
Syr. glycirrizha . . ℥iss.
M. Sig.—One teaspoonful after meals.

℞. Syr. senegæ . . . . ℥ss.
Tinct. opii camphoratæ . . ℥ss.
Syr. pruni virginianæ . . ℥ss.
M. Sig. One teaspoonful every four hours.

If there be a troublesome nausea, and a disposition to vomit during the paroxysms of coughing, the following combination may be given with advantage, instead of the senega mixture :—

℞. Acidi carbolici . . . gr. viij.
Glycerinæ . . . . ℥j.
Tinct. opii camphoratæ . ℥ij.
Aqua . . . . ℥ij.
M. Sig.—One teaspoonful before meals and at bedtime.

RHEUMATIC BRONCHITIS.

Professor N. S. Davis has obtained the most prompt and satisfactory relief in rheumatic bronchitis from the administration of—

℞. Sodii salicylatis . . . ℥vi.
Glycerinæ . . . . . ℥iv.
Vini colchici rad. . . . ℥vi.
Syr. scillæ comp. . . . ℥iss.
Tinct. opii camphoratæ . . ℥ij.
M. Sig.—One teaspoonful in water every three or four hours.

SUBACUTE RHEUMATISM.

Professor Da Costa frequently prescribes—

℞. Potassii acetatis . . . ℥ss.
Tinct. digitalis . . . ℥j.
Liq. potassii citratis . . ℥iiss.
Syr. simp. . . . . ℥iss.
M. Sig.—One tablespoonful every three hours.

MALARIAL JAUNDICE.

Professor Bartholow recommends—

℞. Quinia sulphatis . . . gr. xxx.
M. Ft. pilulæ No. xii.
Sig.—Three pills every morning.
Also—
℞. Ferri sulphatis exsiccat . gr. xl.
Manganesii sulphatis exsiccat. gr. xx.
Acidi arseniosi . . . . gr. j.
M. Ft. pilulæ No. xx.
Sig.—One pill half an hour after meals.

The patient is also to be directed to take a teaspoonful of the phosphate of soda in half a cup of hot water one hour before meals.

SPINAL ANÆMIA.

Professor Bartholow has frequently obtained excellent results in spinal anæmia from—

℞. Ext pilocarpi, fl. . . . ℥ij.
Ext. ergotæ, fl. . . . ℥vi.
Aqua . . . . . ℥ij.
M. Sig.—Two teaspoonfuls three times a day.

POSTERIOR SPINAL SCLEROSIS.

Professor Da Costa has seen marked improvement in this obstinate affection from the long-continued use of—

℞. Hydrarg. bichlor. . . gr. ss.
Ammonii chloridi . . gr. xl.
Aqua . . . . . ℥ij.
M. Sig.—One teaspoonful one hour after meals.

Further benefit may also be derived from the application, two or three times a week, of a continuous current of twenty cells to the spine, and a weak faradic current to the muscles of the lower extremities.

PYROSIS (Dr. Peret).

℞. Sodii bicarb. . . . gr. xl.
Pulv. cretæ . . . gr. xv.
Ext. nucis vomicæ . . gr. iss.
M. Sig.—Divide in ten powders; give one t. d.

INJECTION in a case of blenorrhagia complicated with hematuria (Dr. Brodet).

℞. Chloral hydratis . . . ℥j.
Aqua distill. . . . ℥viij.
M. Sig.—three injections daily.
—*Paris Letter in The Medical Times.*

WHOOPING-COUGH.

Dr. W. Graeffner, of Breslau, has obtained remarkably good results in whooping-cough from cocaine, which he used in the form of the steam-atomizer, or of inhalations, or of the common cold atomizer. The solution employed by him is the following :—

℞. Cocaine muriat. . . gr. j–iss.
Aqua distillat. . . f℥iss.
Pot. chlorat. . . . gr. ix.
Aq. amygdal. amar. . ♏x.
M. Sig.—Externally.

The applications were made twice daily, and rapidly brought about a cure. It proved also beneficial in cases of hysterical cough.—*Med. and Surg. Reporter.*

Rothe (Memorabilieu) announces his continued satisfaction with carbolic acid as a remedy for whooping-cough, after fifteen years' experience with it. The formula employed is as follows :—

℞. Carbolic acid.
Alcohol. . . . āā 7½ grains.
Tinct. of iodine . 5 drops.
Peppermint water . 750 drops.
Tinct. belladonna . 15 "
Syr. of diacodium . 150 "

A teaspoonful is to be given every two hours, until the paroxysms entirely disappear.—*N. Y. Med. Jour.*

NEUROTIC DIARRHŒA.

Dr. J. V. Solomon (British Medical Journal) has noted the occurrence of a form of chronic diarrhœa in women of nervous temperament. Some of the cases were of several years' standing, and had resisted all the ordinary methods of treatment. As no structural lesions could be discovered, he considered the disturbance to be purely neurotic in character, and obtained complete relief or considerable mitigation in every case from the use of the following formula—

℞. Acidi nitrici diluti . . ℥ss.
Liquor opii sedativi . . ℥j.
Liquor strychnia . . . ♏xvi.
Tinct. gentianæ comp. . ℥ss.
Infusi gentianæ comp. . ℥ivss.
Aqua menth. pip. fortior q. s.
ad . . . . . ℥viij.
M. Sig.—Two tablespoonfuls three times a day.

COUGH MIXTURE.

Dr. H. C. Wood (Therapeutic Gazette) regards the following as the most efficient sedative cough mixture that he has ever used :—

℞. Potassii citratis . . . ℥j.
Succus limonis . . . ℥ij.
Syr. ipecac . . . . ℥ss.
Syr. simplicem q. s. ad . . ℥vj.
M. Sig.—A tablespoonful from four to six times a day.

When there is much cough or irritability of the bowels, paregoric may be added in sufficient quantity.

JAMBOL IN DIABETES.

Dr. C. E. Clacius (Chicago Medical Journal and Examiner) reports three cases illustrating the value of jambol (Syzigium Jambolanum) in diabetes mellitus. Dr. Clacius administered five grains of the powdered seeds four times a day, with the result in each case of reducing the quantity of urine passed almost one-half, and of reducing the percentage of sugar present from ten and twelve per cent. to three per cent. Marked improvement was also noticeable in the general symptoms of the patients.

LUMBAR NEURALGIA.

Dr. Naudin recommends the following :—

℞. Chloroformi . . . . ℥iiss.
Ætheris . . . . ℥vi.
Tinct. opii . . . . ℥iss.
Glycerini . . . . ℥iij.
M. Sig.—Rub on the painful part morning and night.

THE
# Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, Oct. 1885.

## *WHAT A GENERAL PRACTITIONER CAN DO.*

IT might well be inferred from the eloquent but self-interested pleading of the modern specialist, that the general practitioner of the present day is an unsafe person who should be restricted to the administration of paregoric, castor oil, and Epsom salts. Of course, on rare occasions, he might be permitted to open a small abscess, or bind up a cut finger, but if he ventures further it is at the peril of his patient's life.

A paper recently read by Dr. William C. Wile, editor of the New England Medical Monthly, before the Connecticut Medical Society, illustrates forcibly, however, that the general practitioner may perform important capital operations quite as well as the specialist, and with an equal degree of success. Dr. Wile has never been recognized as a specialist, and does not reside in either New York, Philadelphia, or Boston. Nevertheless he has performed seventy-nine capital operations during the past three years, with seventy-five recoveries. The four cases which ended fatally, were an extirpation of the uterus by the vaginal method for carcinoma; an exsection of the hip-joint; an amputation at the elbow after a railroad accident; and an ovariotomy in an opium *habitué*.

Dr. Wile does not attribute his success to any phenomenal skill in operating, but rather to the strict attention which was paid to details in the preparation of the patient, the securing of absolute cleanliness, and the use of the spray to render the atmosphere of the room thoroughly antiseptic. Among the more interesting and instructive cases, which resulted in a complete recovery, were a herniotomy in a man aged seventy-nine, an amputation near the shoulder-joint for gangrene following erysipelas, an exsection of the entire shaft of the tibia for necrosis with reproduction of the bone, genu valgum in an adult, a simple ovarian cyst, a severe case of traumatic tetanus, a formidable case of injury to the hand, and a unique case of congenital double talipes varo equinus, of thirty-three years' standing.

The operation for genu valgum is probably the first that has been performed in the United States for that deformity in an adult

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## *THE NUX VOMICA TREATMENT OF DELIRIUM TREMENS.*

THE differentiation between the delirium of acute and chronic alcoholism is easily made. The former is the condition commonly known as *mania-a-potu*, and is practically a form of acute cerebral hyperæmia. It is due to the direct action of alcohol upon the brain and vascular system of a person who has not become habituated to the use of intoxicating liquors. It is usually observed in young subjects of a nervous temperament who have been drinking heavily for a few days, after a prolonged period of abstinence. In some who are especially susceptible it may supervene after a debauch of only a few hours' duration. It is characterized by a flushed face, injected conjunctivæ, bounding pulse, and throbbing carotids. The delirium is more violent than in the chronic form, and the patient can with difficulty be restrained from inflicting injury upon those around him.

The treatment consists in removing the cause and diminishing the cerebral hyperæmia. No more alcohol must be allowed in any shape or form. Opium is also contra-indicated, but the bromide of sodium or potassium in half-drachm doses every hour may be relied upon as an invaluable sedative. In addition, the cold douche or an ice-bag should be applied to the head, and a double seidlitz powder given every hour until the bowels have been freely moved. If the stomach be full, an emetic of ipecacuanha or apomorphia should precede all other medication.

Chronic alcoholic delirium, or delirium

tremens is only found in old drunkards after an unusually long debauch, or in a debauch of ordinary length, but during which the stomach has become so disordered that little or no food can be retained or assimilated. In some cases the patient loses all desire for drink as well as for food, and when the delirium is developed in a day or two, his friends ascribe it to the sudden stoppage of the alcohol. This is an error, however. The delirium in all cases of chronic alcoholism is symptomatic of exhaustion, it is true, but it is also symptomatic of the disturbing influence of the alcoholic poison upon the cerebral gray matter, and neither normal digestion nor rational cerebration can be re-established until the greater portion of the alcohol in the system has been eliminated, or its action neutralized by appropriate remedies.

The cerebral congestion which is present in these cases is passive in character. The pulse is rapid but feeble, the tongue is often heavily coated, the hands and feet are cold, and the face becomes pale and anxious. All the symptoms are those of depression, and the patient, instead of endeavoring to injure those around him, implores them to protect him from the objects by which he imagines he is surrounded.

At one time all cases of delirium tremens were treated by large doses of opium or chloral, under the mistaken idea that the delirium was due to over-excitation, and that sleep was the desideratum which must be secured. Under this treatment sleep was often obtained, but in many cases it was the sleep from which there was no waking. It is now known that the delirium is due to exhaustion, and that if the patient's strength can be restored by suitable aliment, natural sleep will follow as soon as the alcohol is eliminated from the system. Consequently hot coffee and beef-tea occupy a prominent place in all the plans of treatment now in vogue. Medicinally, chloral and the bromides are the agents most frequently employed, and they undoubtedly are beneficial.

Quicker and better results, however, can be obtained from the administration of nux vomica or its alkaloid, strychnia. The value of either of these in overcoming the gastric disturbance and nervous prostration which remain after the delirium subsides has long been known, but their still greater value in preventing or aborting the delirium is not sufficiently appreciated. Our attention was first drawn to their efficiency in this respect by an article written in 1875 by Dr. H. C. Morey, in the Pacific Medical Journal, in which he related the case of a drunkard, who, after a protracted debauch, was accustomed to sober himself up by taking several grains of strychnia at one dose.

Since then we have given nux vomica in a number of cases of chronic alcoholism, in which delirium was either present or impending, and with uniformly gratifying results. The treatment in each case was begun by the administration of a bottle of citrate of magnesia. If this was rejected by the stomach another was given in a few minutes. The patient was then directed to take a small cup of coffee or beef-tea every hour, and also ten drops of the tincture of nux vomica every hour for six hours. At the end of that time the delirium was either much diminished or completely relieved, the nervousness and trembling no longer existed, and the patient was able to sit up and talk in a rational manner. The dose of nux vomica was then lessened to five drops every two or three hours, but no effort was made to procure sleep for twenty-four hours. Then, if there were no cardiac counter-indications, a quarter of a grain of morphia was given, and repeated in an hour if necessary. In cases complicated by valvular disease, or probable atheroma, sleep can be safely obtained by the administration every two hours of thirty grains of bromide of sodium and fifteen drops of the tincture of digitalis.

The essential part of the treatment, however, and to which we especially desire to call attention, is the employment of nux vomica early in the case as a direct physiological antidote to the alcohol. Its value is due to the fact that it is an excito-motor, while alcohol is a motor-depressant. Larger doses than those mentioned may be given, if required. In a case recently reported by M. Lardier in the Journal De Medicine, the patient, after taking small amounts of strychnia without effect, rapidly improved when given twelve grains in one day. This heroic dose will, however, rarely be found necessary.

# ASSOCIATION NEWS.

## REPORT OF THE COMMITTEE

APPOINTED TO ARRANGE FOR THE MEETING OF THE INTERNATIONAL MEDICAL CONGRESS IN AMERICA, IN 1887.

AT the regular annual meeting of the American Medical Association, held in New Orleans, in April, 1885, the following resolutions were adopted :—

1. "*Resolved*, That the Committee appointed by this Association, to arrange for the meeting of the International Medical Congress in America, in 1887, be enlarged by the addition of thirty-eight members, one from each State and Territory, the District of Columbia, the Army, Navy, and Marine Hospital Service, to be appointed by the Chairman at this meeting, and that the Committee, thus enlarged, shall proceed at once to review, alter, and amend the motions of the present Committee as it may deem best."

(This resolution was amended by the provision, "that the members of the Committee should be selected by the respective State delegations.")

2. *Resolved*, That the Committee appointed in pusuance of a resolution adopted by this Association, April 30, 1885, to constitute an addition to the original Committee of eight previously appointed to invite and make arrangements for the meeting of the International Medical Congress, to be held in Washington, D. C., in 1887, be, and the said Committee is, hereby authorized and empowered to select a Chairman and a Secretary, and to fill all vacancies that may occur by death or inability to attend in the Committee, and to appoint the officers of the Congress."

The following is a list of the Committee enlarged in accordance with the first resolution as amended :—

W. E. Anthony, M.D., Providence, R. I. ; G. Baird, M.D., Wheeling, W. Va. ; Robert Battey, M.D., Rome, Ga. ; F. W. Beard, M.D., Vincennes, Ind. ; *J. S. Billings, M.D., U. S. Army, Washington, D. C. ; *J. M. Browne, M.D., U. S. Navy, Washington, D. C. ; L. P. Bush, M.D., Wilmington, Del. ; H. F. Campbell, M.D., Augusta, Ga. ; R. Beverly Cole, M.D., San Francisco, Cal. ; E. P. Cook, M.D., Mendota, Ill. ; W. C. Dabney, M.D., Charlottesville, Va. ; Charles Dennison, M.D., Denver, Col. ; W. E. Duncan, M.D., Ellendale, Dakota Ter. ; J. W. Dupree, M.D., Baton Rouge, La. ; Ellsworth Eliot, M.D., New York City ; *G. J. Engelmann, M.D., St. Louis, Mo. ; N. F. Essig, M.D., Plattsburg, Mo. ; *Austin Flint, M.D., LL.D., New York City ; E. P. Frazer, M.D., Portland, Oregon ; George F. French, M.D., Minneapolis, Minn. ; A. Y. P. Garnett, M.D., Washington, D. C. ; S. C. Gordon, M.D., Portland, Me. ; J. W. S. Gouley, M.D., New York City ; F. M. Gunnell, M.D., U. S. Navy, Washington, D. C. ; John B. Hamilton, M.D., U. S. Marine Hospital Service, Washington, D. C. ; *I. M. Hays, M.D., Philadelphia, Pa. ; *C. Johnston, M.D., Baltimore, Md. ; George A. Ketchum, M.D., Mobile, Ala. ; R. A. Kinloch, M.D., Charleston, S. C. ; D. A. Linthicum, M.D., Helena, Ark. ; John S. Lynch, M.D., Baltimore, Md. ; J. J. McAchran, M.D., Laramie City, Wyom. Ter. ; J. W. McLaughlin, M.D., Austin, Texas ; R. C. Moore, M.D., Omaha, Neb. ; Robert Murray, M.D., U. S. Army, Washington, D. C. ; R. D. Murray, M.D., Moultrie, Fla. ; J. W. Parsons, M.D., Portsmouth, N. H. ; William Pierson, M.D., Orange, N. J. ; N. J. Pitman, M.D., Tarboro, N. C. ; *L. A. Sayre, M.D., New York City ; X. C. Scott, M.D., Cleveland, O. ; *Nicholas Senn, M.D., Milwaukee, Wis. ; John V. Shoemaker, M.D., Philadelphia, Pa. ; F L. Sim, M.D., Memphis, Tenn. ; A. R. Smart, M.D., Hudson, Mich. ; D. W. Stormont, M.D., Topeka, Kan. ; J. M. Taylor, M.D., Corinth, Miss. ; E. F. Upham, M.D., West Randolph, Vt. ; W. H. Wathen, M.D., Louisville, Ky. ; W. Watson, M.D., Dubuque, Iowa ; W. C. Wile, M.D., Sandy Hook, Conn. ; A. H. Wilson, M.D., Boston, Mass.

At an informal meeting of the Committee, held at New Orleans during the session of the American Medical Association, in April, 1885, Dr. R. Beverly Cole, of San Francisco, Cal., was elected temporary Chairman, and Dr. John V. Shoemaker, of Philadelphia, Pa., was elected temporary Secretary.

The Committee held its first regular meeting at Chicago, Ill., on June 24th and June 25th, 1885, for the purposes of organization and the transaction of the business committed to it by the American Medical Association.

In order to facilitate the holding of meetings in different sections of the country, the Committee deemed it advisable to select a Vice-Chairman, in addition to a Chairman and Secretary.

The following named members were present at the meeting held in Chicago :—

G. Baird, M.D., Wheeling, W. Va. ; Robert Battey, M.D., Rome, Ga. ; F. W. Beard, M.D., Vincennes, Ind. ; *J. S. Billings, M.D., Washington, D. C. ; R. Beverly Cole, M.D., San Fran-

* Resigned.

* Resigned.

cisco, Cal.; E. P. Cook, M.D., Mendota, Ill.; W. E. Duncan, M.D., Ellendale, Dakota Ter.; Ellsworth Eliot, M.D., New York City; N. F. Essig, M.D., Plattsburg, Mo.; G. F. French, M.D., Minneapolis, Minn.; A. Y. P. Garnett, M.D., Washington, D. C.; John B. Hamilton, M.D., Washington, D. C.; *I M. Hays, M.D., Philadelphia, Pa.; George A. Ketchum, M.D., Mobile, Ala.; D. A. Linthicum, M.D., Helena, Ark.; John S. Lynch, M.D., Baltimore, Md.; J. W. McLaughlin, M.D., Austin, Texas; X. C. Scott, M.D., Cleveland, O.; *Nicholas Senn, M.D., Milwaukee, Wis.; John V. Shoemaker, M.D., Philadelphia, Pa.; F. L. Sim, M.D., Memphis, Tenn.; A. R. Smart, M.D., Hudson, Mich; D. W. Stormont, M.D., Topeka, Kan.; E. F. Upham, M.D., West Randolph, Vt.; W. H. Wathen, M.D., Louisville, Ky.; W. Watson, M.D., Dubuque, Iowa; A. H. Wilson, M.D., Boston, Mass.

The resignation of Dr. Austin Flint, of New York, as a member of the Committee, was presented and accepted. Dr. J. W. S. Gouley, of New York, was elected to fill the vacancy, and took his seat with the Committee.

The Committee then organized, a majority of its members being present, by the election of the following officers:—

Chairman, Dr. R. Beverly Cole, San Francisco, Cal.; Vice-Chairman, Dr. John S. Lynch, Baltimore, Md.; Secretary, Dr. John V. Shoemaker, Philadelphia, Pa.

After the organization of the Committee, the number of members necessary for a quorum for future meetings was fixed at fifteen.

The following preamble and resolutions were adopted, to apply to future meetings of the Committee:—

"*Whereas*, It is expedient that the meetings of this Committee shall represent, as far as practicable, the profession of all portions of our country.

"*Resolved*, That any member of this Committee who may be unable to attend a meeting, shall be empowered to send as his proxy for the meeting any member of the American Medical Association in good professional standing and a resident of his State or a member of his Government Department."

In the course of the meeting in Chicago, on June 24th and 25th, 1885, a plan of organization of the Congress was adopted, certain officers of the Congress were appointed, in accordance with the instructions received from the American Medical Association, and the Committee adjourned.

* Resigned.

The revised rules for the organization of the Congress and a revised list of officers will be presented with this report.

In August, 1885, the Chairman, the Vice-Chairman, and the Secretary, after consultation and communication with members, called a meeting of the Committee, to be held in New York City, September 3, 1885, for the purposes of revision of the rules and the filling of certain vacancies in the list of officers of the Congress.

The Committee met in New York City, September 3, 1885, the following named members being present:—

Dr. G. Baird, Dr. Robert Battey, Dr. L. P. Bush, Dr. R. Beverly Cole, Dr. W. C. Dabney, Dr. Ellsworth Eliot, Dr. A. Y. P. Garnett, Dr. S. C. Gordon, Dr. J. W. S. Gouley, Dr. J. B. Hamilton, Dr. George A. Ketchum, Dr. R. A. Kinloch, Dr. D. A. Linthicum, Dr. John S. Lynch, Dr. R. C. Moore, Dr. William Pierson, Dr. N. J. Pitman, Dr. L. A. Sayre, Dr. X. C. Scott, Dr. John V. Shoemaker, Dr. F. L. Sim, Dr. E. F. Upham, Dr. W. H. Wathen, Dr. W. C. Wile, Dr. A. H. Wilson.

The following named members were represented by proxies:—

Dr. E. P. Cook, by Dr. N. S. Davis, proxy; Dr. A. R. Smart, by Dr. William Brodie, proxy; Dr. J. M. Taylor, by Dr. E. P. Sale, proxy.

The Committee was called to order at 12 M., September 3, 1885, by the Chairman, Dr. R. Beverly Cole.

The resignation of Dr. L. A. Sayre, of New York, as member of the Committee, was received and accepted, and Dr. A. Flint, Jr., of New York, was elected to fill the vacancy and took his seat with the Committee. The resignation of Dr. Sayre was caused solely by ill health.

The following "Rules" were unanimously adopted:—

RULES.

1. The Congress shall consist of members of the regular profession of medicine, and of such other scientific men as the Executive Committee of the Congress may see fit to admit, who shall have inscribed their names on the register and shall have taken out their tickets of admission.

2. The dues for members of the Congress shall be ten dollars each for members residing in the United States.

There shall be no dues for members residing in foreign countries.

Each member of the Congress shall be entitled to receive a copy of the "Transactions" for 1887.

3. The Congress shall be divided as follows, into seventeen Sections:—

I. General Medicine.
II. General Surgery.
III. Military and Naval Surgery.
IV. Obstetrics.
V. Gynæcology.
VI. Therapeutics and Materia Medica.
VII. Anatomy.
VIII. Physiology.
IX. Pathology.
X. Diseases of Children.
XI. Ophthalmology.
XII. Otology and Laryngology.
XIII. Dermatology and Syphilis.
XIV. Public and International Hygiene.
XV. Collective Investigation, Nomenclature, Vital Statistics, and Climatology.
XVI. Psychological Medicine and Diseases of the Nervous System.
XVII. Dental and Oral Surgery.

4. The General Meetings of the Congress shall be for the transaction of business and for addresses and communications of general scientific interest.

5. Questions and topics that have been agreed upon for discussion in the Sections shall be introduced by members previously designated by the titular Officers of each Section. Members who shall have been appointed to open discussions shall present in advance statements of the conclusions which they have formed as a basis for debate.

6. Brief abstracts of papers to be read in the Sections shall be sent to the Secretaries of the proper Sections on or before April 30, 1887. These abstracts shall be treated as confidential communications, and shall not be published before the meeting of the Congress.

Papers relating to topics not included in the lists of subjects proposed by the Officers of the Sections may be accepted after April 30, 1887; and any member wishing to introduce a topic not on the regular lists of subjects for discussion shall give notice of the same to the Secretary-General, at least twenty-one days before the opening of the Congress, and such notices shall be promptly transmitted by the Secretary-General to the Presidents of the proper Sections. The titular officers of each Section shall decide as to the acceptance of such proposed communications and the time for their presentation.

7. All formal addresses, scientific communications and papers presented, and scientific discussions held at the General Meetings of the Congress, shall be promptly given in writing to the Secretary-General; and all papers presented and discussions held at the meetings of the Sections shall be promptly given in writing to the Secretaries of the proper Sections.

No communication shall be received which has already been published, or read before a society.

The Executive Committee, after the final adjournment of the Congress, shall direct the editing and publication of its "Transactions," and shall have full power to publish the papers presented and the discussions held thereon, either in full, in part, or abstract, as in the judgment of the Committee may be deemed best.

8. The official languages of the Congress shall be English, French, and German.

In the meetings of the Sections, no member shall be allowed to speak for more than ten minutes, with the exception of the readers of papers and those who introduce subjects for discussion, who may each occupy twenty minutes.

9. The rules and programmes shall be published in English, French, and German.

Each paper and address shall be printed in the "Transactions" in the language in which it was presented, and preliminary abstracts of papers and addresses also shall be printed, each in the language in which it is to be delivered.

All discussion shall be printed in English.

10. The President of the Congress, the Secretary-General, the Treasurer, the Chairman of the Finance Committee, and the Presidents of the Sections, shall together constitute an Executive Committee of the Congress, which Committee shall direct the business of the Congress, shall authorize all expenditures for the immediate purposes of the Congress, shall supervise and audit the accounts of the Treasurer, and shall fill all vacancies in the offices of the Congress and of the Sections. This Committee shall have power to add to its membership, but the total number of members shall not exceed thirty. A number equal to one-third of the members of the Committee shall constitute a quorum for the transaction of business.

11. The Officers of the Congress shall be a President, Vice-Presidents, a Secretary-General, four Associate Secretaries, one of whom shall be the French Secretary, and one of whom shall be the German Secretary, a Treasurer, and the Chairman of the Finance Committee.

12. The officers of each Section shall be a President, Vice-Presidents, Secretaries, and a Council.

13. The officers of the Congress and the officers of the Sections shall be nominated to the Congress at the opening of its first session.

14. The Executive Committee shall, at some convenient time before the meeting of the Congress, prepare a list of foreign Vice-Presidents of the Congress and foreign Vice-Presidents of the Sections, to be nominated to the Congress at the opening of its first session.

15. There shall be a standing Committee on Finance, composed of one representative from each State and Territory, the District of Columbia, the Medical Department of the Army, the Medical Department of the Navy, and the Marine Hospital Service.

The Chairman of the Finance Committee shall report to the Executive Committee of the Congress.

Each member of the Finance Committee shall appoint a local Finance Committee for his State, Territory, District, or Government Department, consisting of one or more members from each Government Department or Congressional District.

Each local Finance Committee shall report through its Chairman to the Chairman of the Finance Committee of the Congress.

Dr. S. C. Gordon, of Maine, recalled his withdrawal from the Congress, which action was accepted by the Committee.

The following named gentlemen were elected to fill vacancies in the Committee of Arrangements :—

Dr. J. K. Bartlett, Wisconsin ; Dr. J. H. Baxter, U. S. Army ; Dr. George Goodfellow, Arizona ; Dr. Henry Leffmann, Pennsylvania ; Dr. John Morris, Maryland ; Dr. J. R. Tipton, New Mexico ; Dr. Thomas J. Turner, U. S. Navy.

The following resolution was adopted :—

*Resolved*, That the representative or representatives in this Committee from each State, Territory, or Government Department, shall organize the Financial Committees in their respective States, Territories, or Government Departments.

It was decided that no person should occupy more than one position in the organization of the Congress.

It was also decided that, in the published lists of the Officers of the Congress, the names of the Vice-Presidents and Secretaries of the Congress, and the Vice-Presidents, Secretaries, and members of Councils of the Sections, should be arranged alphabetically.

## OFFICERS OF THE CONGRESS.

### PRESIDENT.

Austin Flint, M.D., LL.D., New York.

### VICE-PRESIDENTS.

W. O. Baldwin, M.D., Alabama.
H. I. Bowditch, M.D., Massachusetts.
William Brodie, M.D., Michigan.
Henry F. Campbell, M.D., Georgia.
W. W. Dawson, M.D., Ohio.
R. Palmer Howard, M.D., Canada.
E. M. Moore, M.D., New York.
Tobias G. Richardson, M.D., Louisiana.
Lewis A. Sayre, M.D., New York.
J. M. Toner, M.D., District of Columbia.
The President of the American Medical Association.
The Surgeon-General of the United States Army.
The Surgeon-General of the United States Navy.
The Supervising Surgeon-General of the United States Marine Hospital Service.

### SECRETARY-GENERAL.

Nathan S. Davis, M.D., LL.D., Chicago, Ill.

### TREASURER.

E. S. F. Arnold, M.D., M.R.C.S., New York.

### CHAIRMAN OF THE FINANCE COMMITTEE.

Frederick S. Dennis, M.D., M.R.C.S., New York.

## EXECUTIVE COMMITTEE OF THE CONGRESS.

### GENERAL OFFICERS.

Austin Flint, M.D., LL.D., President of the Congress.
Nathan S. Davis, M.D., LL.D., Secretary-General.
E. S. F. Arnold, M.D., M.R.C.S., Treasurer.
Frederick S. Dennis, M.D., M.R.C.S., Chairman of the Finance Committee.

### PRESIDENTS OF THE SECTIONS.

A. B. Arnold, M.D., General Medicine.
William T. Briggs, M.D., General Surgery.
Henry H. Smith, M.D., Military and Naval Surgery.
DeLaskie Miller, M.D., Obstetrics.

Robert Battey, M.D., Gynæcology.
F. H. Tirrell, M.D., Therapeutics and Materia Medica.
William H. Pancoast, M.D., Anatomy.
John C. Dalton, M.D., Physiology.
E. O. Shakespeare, M.D., Pathology.
J. Lewis Smith, M.D., Diseases of Children.
A. W. Calhoun, M.D., Ophthalmology.
S. J. Jones, M.D., Otology and Laryngology.
A. R. Robinson, M.D., Dermatology and Syphilis.
Joseph Jones, M.D., Public and International Hygiene.
Henry O. Marcy, M.D., Collective Investigation, Vital Statistics, and Climatology.
John P. Gray, M.D., LL.D., Psychological Medicine.
Jonathan Tafft, M.D., Dental and Oral Surgery.

LOCAL COMMITTEE OF ARRANGEMENTS.

(With power to increase their number.)

A. Y. P. Garnett, M.D., Chairman, District of Columbia.
The Surgeon-General U. S. Army.
The Surgeon-General U. S. Navy.
The Supervising Surgeon-General U. S. Marine Hospital Service.
J. H. Baxter, M.D., District of Columbia.
C. H. A. Kleinschmidt, M.D., District of Columbia.
N. S. Lincoln, M.D., District of Columbia.
J. M. Toner, M.D., District of Columbia, and such additional members of the profession in the District of Columbia as the Executive Committee of the Congress may select.

Lists of Vice-Presidents, Secretaries, and Councillors for each Section were named by the Committee of Arrangements, but as it was not practicable to ascertain at once who would accept the places assigned them, or who of those who had been announced in the medical press as declining to accept positions before the present rules and organization had been adopted, as given heretofore, might wish to withdraw such declination, the final adjustment of these offices was referred to the Executive Committee of the Congress, and all correspondence in relation thereto was transferred to the Secretary-General of the Congress.

On motion, the Committee of Arrangements adjourned, subject to the call of the Chairman of the Committee.

JOHN V. SHOEMAKER, M.D.,
*Secretary of the Committee of Arrangements.*

# CORRESPONDENCE.

## *OUR TEXAS LETTER.*

CITY OF AUSTIN, EMPIRE OF TEXAS,
September 4, 1885.

*Editor Medical Bulletin, Philadelphia.*

"If at first you don't succeed, try, try again" must have been very thoroughly drilled into the disposition of our Texas physicians when they were schoolboys, if we are to judge by the pertinacity and determination with which they keep pegging away at medical legislation. They are, indeed, like Napoleon's Old Guard, repulsed, but not beaten; repulsed again, but to return to the charge with increased vim and vigor, and determined to do or die! Notwithstanding the humiliating failure to procure the passage of a medical bill last year, which attended an organized and intelligent and persistent effort on the part of the State Medical Association's special committee, an account of which I had the honor to read at the recent convention of American medical editors at New Orleans, and which paper has since been published in your excellent journal, they are not discouraged; and so far from abandoning the cause, the Association has planned for another effort to be made at the next session of the Legislature, and we *still hope* to succeed. The report of the Committee to the Association at its last meeting was so well received,—their work and efforts being unanimously endorsed, and a vote of thanks and approval passed,—that the same Committee, originally appointed, have accepted the task for another trial. When I say the original Committee, I mean the original Committee of three,—for three others were afterwards added, and one of the latter is too much disgusted to consent to serve again. (You may guess his name.) In addition to the framing of a bill by the Committee to meet the exigencies of the case, it has been suggested by the writer, and it is believed the suggestion will be adopted, that the State Medical Association appoint a special Committee of three in each legislative district who will pledge themselves to personally see the representatives from each district, and to see them thoroughly, and to keep seeing them till they have succeeded in convincing them of the great and pressing necessity of a law to regulate the practice in the interest of the public safety; to acquaint them with the numerous instances of flagrant malpractice, of which physicians alone hear, and by which lives are sacrificed; to inform them of the fact that twenty-six States in the American Union now have such laws; and to point out to them the beneficent effect of those laws to those States, and the doubly damaging effect they are

having on Texas by driving out the refuse to seek homes on the hospitable shores of the New Empire, where freedom and liberty are the watchwords, and where one man is considered as good as another,—and, in many instances, as the Irishman would say, "a good deal better." I mean, where,—there being absolutely no restrictions placed on the high and responsible and dangerous privilege of practising medicine,—any man can, and many do, engage in the practice without a moment's preparation or study. One of our correspondents, writing on this subject, says: "I was visiting some patients with Dr. R., in an adjoining county, when, riding along the road, we were overtaken by a long, lank specimen of a Texan, who asked us a great many questions about the diseases of the country, and the remedies used, and especially about the domestic remedies and indigenous plants; 'Such,' he said, 'as a person could use when they can't get a doctor handy.' Unsuspecting, we talked freely to him, and imagine our surprise when he turned up, next week, in a neighboring village, a full fledged doctor, having *graduated in that six-mile ride!*" That is not an exaggeration, "the woods are full of them," and the necessity of suppressing them is daily growing more urgent.

By the plan suggested,—*i.e.*, by taking the Legislature in *detail*—at home—away from the distracting influences which surround the rural Solons when on duty at the capitol; away from "four-eyed Browns;" away from the misrepresentations of those who call all attempts at medical legislation "persecution of homœopathy," and make the Solons believe it is only a "Doctor's fight;" and who, by appealing to the prejudice of the credulous representatives, engender a spurious sympathy for the "weaker party," as they call themselves, it is hoped to succeed in getting the desired legislation. At least, when the Legislature assembles, the representatives will be in possession of *facts*, and will be in a position to vote intelligently. It is hoped, in other words, to educate the Legislature up to the point of comprehending the magnitude of the evil complained of, and of the necessity of a remedy for it. Talk of educating the people up to it!—that is Utopian. It would take seven hundred years to drill into the heads of a majority of the people any other idea than that disease is an entity, an enemy, a kind of spiritual bugaboo that invades and takes possession of the system, and has to be "driven out," and that such and such medicines are "good for" such and such diseases,—age, sex, temperament, physical condition and surroundings making no difference; a drug "good for" a given case is "good for" that ailment in every body and under all circumstances, including "*emergencies*," like "Dr. Hayden's Viburnum Compound," so extensively advertised in *medical journals*.

That permanent and persistent belief, born in the people and perpetuated generation after generation by industrious almanac makers, etc., affords another explanation why homœopathy takes so readily with the ignorant. One "remedy" is "good for" so many ailments (or symptoms rather), and for the convenience of the people they are arranged alphabetically sometimes, or something after this style: A little book and a case of little vials, filled with pellets, is left at the house, and the subject is arranged thus in the book: "Pain in head, pain in back, pain in chest, pain anywhere, purging, puking, take nux;" "sick stomach, sour stomach, swimming in the head, sprain, sores, syph., sour belch, take nux," and so on, "nux" being "good for" all the *symptoms* that "flesh is heir to." How charmingly simple! how instructive! I happened to pick up a homœopathic pamphlet lately, published in Texas, and a leading homœopathic light (weight) in this State is reported in it as having said in a speech at a homœopathic pow-wow recently, that he "had discovered that *the* remedy for all acute diseases in the negro is *bryonia!*" and immediately every brother present pops it down in his note-book, "Bryonia" good for "all diseases of the negro." Now, it only remains for this little hannah-man to "discover" *the* remedy for all the diseases of the white man, the Chinaman, and the Indian, and he will have it down fine,—"Homœopathy in a nutshell," or "every man his own Hanne-man." But enough on this little subject. Whenever I begin to speak of the subject, I do not know why, but a ridiculous paraphrase on Hood comes into my head:—

"Pick him up tenderly,
Handle with care,
Fashioned so slenderly,
Young and so"—soft.

Yellow fever having broke out at Vera Cruz, in Mexico, it became necessary to establish an international quarantine, hence our excellent State Health Officer, R. M. Swearingen, has placed a corps of sanitary inspectors at all the gateways of commerce and travel between us and Mexico; and all incoming trains from Mexico are thoroughly inspected, and no passenger is allowed to enter Texas who cannot bring a certificate that he has not been, within fifteen days, exposed to the infection. We feel safe from an invasion, under the shrewd and intelligent management of our health officer and his assistants.

In a former letter I promised to give you some account of a great work undertaken by the Texas State Medical Association. It is nothing short of a compilation of all the surgery done by Texas surgeons from the annexation to the present date The work was originally (1877) given to a Committee of able members, of which

Committee, Dr. George Cupples, of San Antonio, is chairman (an Alumnus of Edinburgh, Scotland). The Committee made a good report at the last meeting of the State Medical Association, showing, in the aggregate of cases reported to the Committee up to December 31, 1877, one thousand and eight hundred and thirty-seven operations. These were comprised in thirteen classes, and the report shows the ratio of recoveries and deaths from each class of operations, and a general summary, giving the ratio of recovery and death in major and in minor operations, and in the sum total of operations; and the number of cases of secondary hemorrhage, of erysipelas, of gangrene, of pyæmia, and of septicæmia, and, finally, the accidents resulting from the use of anæsthetics.

This report, up to 1877 only, is designed as a basis on which to make an annual report till finished up to date, and then continued from year to year. The whole will make a most valuable contribution to the surgical history of the world.

The London Lancet sneeringly inquired, some time ago, "What good [professionally, that is] can come out of Texas?" and the Chairman makes reference to it in his report. This report, when finished, will give, we hope, a satisfactory answer to the inquiry, and will show that "the surgeons of Texas, country doctors though they be, with no long string of academic honors illustrating their names," but, on the contrary, "scattered over a vast territory, frequently isolated from professional intercourse with their brethren in innumerable instances, compelled to rely on their own resources, and where, by delay or hesitation human life would be lost (not in well appointed hospitals, remember, supplied with every means and appliance that modern science and marvellous ingenuity of the age have placed at his disposal, but under the most difficult circumstances, deprived even of necessary instruments); compelled often (as has fallen to the lot of some of our number) to amputate a limb in a negro cabin with a bowie-knife and a carpenter's saw, are second to those of no country in the world." The report, the Chairman says, "will show the hard, every-day work of Texas surgeons,—the views and modes of procedure of surgeons educated in the schools of America and Europe,—restricted by the influence and opinion of no one master, and no one school of practice;" and, we predict, will somewhat surprise those who, like the London Lancet, think no good can come out of Texas.

The example set by the Texas State Medical Association in undertaking and carrying to completion the collection of this valuable data, might with advantage be followed by the Associations of other States. Thus could be placed yearly in the hands of the American Medical Association for publication, such an array of authentic statistics as could be procured in no other manner. It would form no unworthy supplement or companion to that magnificent work which will ever remain a lasting monument to the industry and the professional ability of the officers of the Bureau of the Surgeon-General of the United States Army,—"The Surgical History of the Civil War."

## *REPORT OF INTERESTING CASES*

TREATED AT

## *THE SURGICAL INSTITUTE,*

NORTHEAST CORNER OF BROAD AND ARCH STREETS, PHILADELPHIA, PA.

BY J. G. ALLEN, M.D.,
Surgeon in Charge.

(Continued from August number.)

NEARLY allied to the paralytic cases reported in the August number of THE BULLETIN, is another important class of cases not strictly paralytic in character, but yet having a similar origin in some occult fault of the nervous system, or some abnormal distribution of nerve-currents, and resulting in ever-varying degrees of weakness in some muscles, and of abnormal muscular contractions in others, so as to produce the several forms of deformity known as club-foot.

In the progress of this deformity there is almost universally brought about some real change of structure *in all the tissues and bones forming the medio-tarsal joint.* Especially is this so in cases originating during intra-uterine life. In these congenital cases there is not only to some extent a lack of development, as recognized by most authors, but also an actual development in perverted directions. This universal distortion of the tissues forming the medio-tarsal joint is not apt to be so evident a feature in cases *acquired* later in life, but in all old and neglected cases this universal distortion is practically always in some degree present, and this fact should not be lost sight of in the treatment.

"It is now a well-understood law of pathology, that if any part of the body, into the composition of which the muscles enter, be maintained in a state of absolute repose, or be habitually kept in one position, so that the origins and insertions of particular muscles are constantly approximated, whilst the points of origin and

insertion of other muscles are consequently proportionately separated, a shortened, contracted condition of the first set of muscles, and an elongated, weakened state of the second set of muscles are produced."* This "law of pathology" must be extended further than merely to "parts of the body into the composition of which the muscles enter;" the same law will apply equally to ligamentous tissues; and even in the bony articulations a somewhat similar change is brought about, for if the bony articulations of joints "be habitually kept in one position," so that the articular surfaces impinge upon each other imperfectly or improperly, a change of shape in the articular facets is inevitable; where the points of pressure are abnormally great, some degree of absorptive alteration takes place, and at points abnormally relieved from pressure a developmental effort is made to bring the facets together. Though these changes may be small, they are yet very important. They seem to have been ignored or overlooked by orthopædic surgeons, though, by resections, the saw and the chisel, they have heroically endeavored, with very indifferent success, to correct grave old malformations, when of a more extensive character. Now, it will very readily be perceived that if the numerous articular facets of the bones of the medio-tarsal joint should become gradually modified, or as in congenital cases, should be actually abnormally developed, so as to cause the bones to adjust themselves together in distorted position, the foot will be continually inclined to remain in this distorted position, even though all the forces of muscular contractions are summarily removed, as can be so easily accomplished by tenotomy. The foot, it is true, after tenotomy can generally be quite easily carried into a better position, and for a time quite easily held there. But the foot, left to itself, will continue to retain its habitual distorted position after any amount of tenotomy; the joint will not of itself go into better position, no matter how completely the force of all abnormal contractions is removed. And even though the foot be held for some time in an improved position after tenotomy, unless the articular facets have been first amended, just as soon as the tendons unite, and the old forces of the muscles are applied, "everything is as bad as it was previous to the operation." It is the failure to patiently amend the facets of the bones and also the ligamentous tissues forming the medio-tarsal joint, that causes the many relapses and failures so notoriously occurring in the treatment of club-foot.

Usually, the earlier in life the treatment is begun, and the shorter the duration of the deformity, the easier will be the contest and the better will be the result. Much also will depend upon the kind, extent, and degree of deformity, and the amount of actual change that may have taken place in the structures of the joint.

In the treatment, attention should also be given to the evident perversion of the nerve-forces pertaining to the muscles acting upon the foot. For this purpose electricity is briefly mentioned by a few authors. Massage is scarcely noticed, though Gross incidentally alludes to it as "so important a means of developing the wasted limb." It is of great value for the purpose he indicates, but still more so for the effect it can be made to produce in modifying the abnormal muscular contractions. In many of the more obstinate cases I have found it of the greatest importance to pursue essentially the same line of treatment described on pages 195–6, etc., as applicable to cases of infantile paralysis, viz., kneading the limb, Junod boot, massage, and electricity. Cases of varus, or varus accompanied with some degree of equinus, are by far the most numerous, and are very often congenital. Undoubtedly a few very mild congenital cases of this form of talipes, can be corrected by a simple piece of adhesive plaster, deftly applied, so as to hold the foot in position, or even by simple manipulations of the mother or nurse; for, as every one knows, there is a strong natural tendency for many local congenital defects to undergo spontaneous correction and repair.

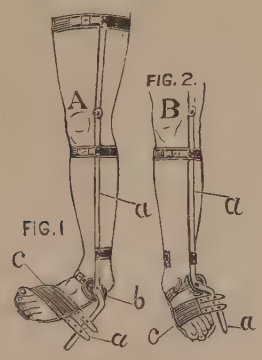
A few others, a grade more obstinate and deformed, can be remedied by a simple "well adjusted splint." But the vast majority will be found to require, in addition to the local treatment by massage, etc., various forms of much more complex apparatus, especially when, as often happens, the case has been long neglected or unsuccessfully treated. The obstinacy of some of these cases is surprising, and the ingenuity of the most skilful surgeon will often be taxed to the utmost.

Some of the many ingenious modifications of the well-known Scarpa shoe are usually relied upon to supply the mechanical treatment

* Little's article, Holmes's Surg., Am. ed., p. 327.

required. But they very often produce utterly unsatisfactory results. It is always difficult, and often impossible to keep the foot from remaining inverted in any of these forms of apparatus. The *shoe* is straight, and appears all right in the direction which *it* maintains upon the foot; but the foot still rolls within the shoe, and nothing is more common than to find the foot additionally deformed, and grievously tortured with huge corns and bunions, caused by the unequal and improper points of pressure. The patient is urged and compelled to walk and use the foot in these ill-fitting shoe-braces, under the delusive idea that every step tends to stretch the muscles and tendons and straighten the foot. Nothing could be further from the truth. The already irritated and abnormally contracted muscles and tendons that are thus being imperfectly contended with are, through reflex and other influences, provoked by every step into

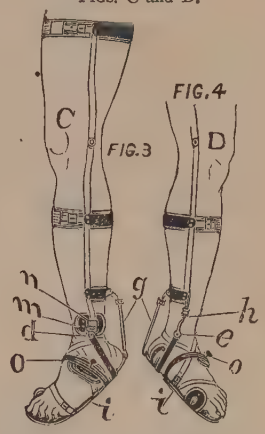
FIGS. A and B.




more obstinate rebellion and more persistent contractions. The use of this shoe, or any of its modifications for the correction of the varus deformity, is an error, though a modification of it may be very useful as a wearing-shoe after the cure has been practically effected. The reason is obvious; a moment's reflection will show that it attempts to do too much. Not only is varus generally accompanied with evident, though various degrees of equinus, but even the apparently pure cases of varus will, when the attempt is made to rotate the foot into position, manifest a distinct tendency for such contraction of the gastrocnemii muscles as to demonstrate a decided equinus element. The foot is, therefore, in all these cases practically distorted in more than one direction; indeed, there are no English words that will define this peculiar distortion better than the perhaps inelegant ones of a *compound twist*. The difficulty of the treatment is still further enhanced by the circumstance that with every degree of undoing of the deformity, there is a variation of the relative direction of the twisted positions which the foot assumes. It is, therefore, for several reasons, much the better way to correct the varus deformity first, without any reference to the equinus that may be present, or that may manifest itself in the progress of the treatment.

The varus alone is easily overcome by a simple brace, such as shown in Figs. A and B; the outer bar, *a*, projects down beyond and along the outer side of the foot, with a pad for counter pressure at *b*; to this is fastened a piece of elastic webbing, *c*, which passes over the inside of the foot and draws it outward. The bar *a* is from time to time bent further outward, and the elastic band gradually tightened till the in-

FIGS. C and D.




version of the foot is entirely overcome, the foot invariably finally acquiring the position of equinus as shown in Fig. B.

The inversion of the foot is thus easily overcome, the varus is cured, and the case is converted into a simple equinus, in the treatment of which, as so tersely put by Hamilton,* "apparatus can be applied with great advantage, as there is no difficulty in obtaining points of support for the application of forces."

The apparatus I prefer for the purpose of overcoming the equinus is illustrated in Figs. C and D. C shows the outside of the brace as applied to the leg and foot, and D the inside. The sole of the foot is securely applied to the steel plate, *i* (which is, of course, properly padded beneath the foot), by means of straps and a screw pad adjusted with a steel arch over the instep,

* Surgery, page 464.

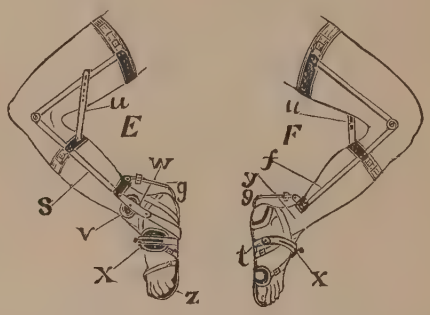
as at *o*. There is a joint at *d*, on the outside, and *e* on the inside, of the bars ascending the leg, so as to accommodate any degree of flexion or extension of the foot, which can be perfectly regulated and controlled by the screw-extension apparatus, *g*. There is also a screw-extension at *h*, by which any tendency to inversion of the foot can be regulated. The patient can generally walk with comfort in these braces, and by so doing aids in the stretching of the tendo Achillis and gastrocnemius. No corns, bunions, or bruises are produced by these braces, and rarely is the spasmodic irritability of the gastrocnemius increased by this method of stretching it.

Should this, however, occur as pointed out in a preceding paragraph, the tendon may be cut or another form of brace be applied, as depicted in Fig. E, showing outside of brace as applied, and F the inside of the same. The foot is securely applied to a steel sole, *z*, by means of straps, and a screw pad adjusted with a steel arch over the instep, as at *x*. The leg is held in a flexed position by an adjustable band, *u*, attached to the outer side bar, *s*, above and below the knee. There is a pad for counter pressure above the ankle, at *v*, and a hinge opposite the ankle, below the point, *w*, to permit of flexion and extension of the foot. At the point, *w*, the bar is from time to time bent outward, which resistlessly everts the foot, as the outer bar, *f*, is cut off above the outer ankle, as at *y* (Fig. F). The extension screw, *g*, regulates the equinus. The flexed position of the leg maintained by this brace almost completely removes the spastic action and rigidity of the gastrocnemius, which is always developed in untwisting a varus by the Scarpa shoe, or any of its various modifications or transformations, into a "club-foot stretcher."

The advantages of this method are evident. Cutting of the tibial tendons is never required as the varus is easily overcome. This is a matter of great importance, for, as pointed out by Hamilton,* they never unite, and the power of inverting the foot and elevating the toes is thus forever impaired. There is no such objection to cutting the tendo Achillis or plantar fascia, but this only becomes necessary in old, obstinate, and aggravated cases. The time occupied in bringing the foot into a normal position permits of the gradual stretching of the abnormally shortened ligaments till they grow longer, whilst the extension is removed from the elongated ligaments till they contract and grow shorter; the contest of opposing forces between the apparatus and the contracting muscles gradually changes the points of pressure on the bones, and favors and produces an amendment and restoration of the articular facets; so that all the components of the joint are amended, the cure is a more perfect one, and relapses are rare. The pains taken with faradization, massage, vacuum treatment, etc., sensibly restores and strengthens the weakened muscles, overcomes spastic contractions, and restores the equilibrium of the muscles acting on the medio-tarsal joint.

In treating calcaneus, the indications are to restore as far as possible the loss of power, which is nearly always evident in the muscles which terminate in the tendo Achillis, and overcome the contractions of the muscles in the front of

FIG. E. FIG. F.




the leg. The arch of the foot should be kept well pressed down by a steel arch and screw pad surmounting the instep, as represented at *o*, in Fig. C. This arrangement may be either attached to an ordinary shoe brace with steel insole, or a sandal brace as in Fig. C, which will not need the extension screw, *h*, except in the exceedingly rare cases of calcaneo varus.

The screw extension ratchet, *g*, will need to be replaced by a sufficiently stout elastic band, or "rubber muscle" to elevate the heel and in some measure replace the lost activity of the gastrocnemius.

True valgus is rather a rare deformity, spurious valgus, or flat-foot, is a very common one. The two affections are, moreover, entirely distinct in their origin, though the ultimate result is the production of a deformity having so many points of resemblance that many authors have failed to make any distinction between them, and few or none that I am acquainted

* Surgery, page 463.

with have made the proper one. True valgus originates from precisely the same causes as other kinds of talipes—a different set of muscles acting or failing to act upon the medio-tarsal joint producing a different distortion of the joint. In this case the peroneii muscles by abnormal activity, or in consequence of the inactivity of their antagonistic muscles, draw the foot outward. Even a very slight eversion of the foot thus produced results in throwing the weight of the body too much upon the internal malleolus, producing an abnormal strain upon the internal lateral ligament, which soon gives way, and furnishes a facile opportunity for a rapid increase of the eversion deformity thus started. Ultimately, destruction of the plantar arch takes place, partly from the improper manner in which the weight of the body falls upon it, and partly from the spastic action of the muscles upon the tarsal and metatarsal bones.

In spurious valgus, or flat-foot, the original defect often appears to be a mere weakness or relaxation of the ligaments of the medio-tarsal joint, permitting the displacement of the tarsal bones, and the consequent destruction of the plantar arch. There is also reason to infer that there is not infrequently an original or congenital lack of precision in the shape and adjustment of the tarsal bones—points of perfection which evidently must be present to form a strong and enduring arch.*

When the arch thus gives way, the internal lateral ligament becomes much elongated and weakened, the weight of the body is thrown too much upon it, and, lastly, eversion takes place, producing a distortion in many points similar to, but not identical with, the deformity of true valgus. Thus there is not only a different cause for, but a different sequence in the production of the deformity.

Both true and spurious valgus are easily relieved, but with difficulty cured. Old and neglected cases in adults, though susceptible of very great relief, are wholly incurable. Not so, however, in infancy or during the growing period of life; then very satisfactory results, —frequently positive cures—can be obtained. By long perseverance with proper mechanical apparatus, such as will correct the eversion of the foot, restore and maintain the plantar arch, and prevent further stretching of the internal lateral ligament, we can while the foot is yet growing, assist a normal development to take place. The only cases in which relapses will occur after adult life will be those in which there is a congenital defect and general tendency to universal weakness and relaxation of the ligamentous system.

It is not difficult to overcome such abnormal muscular contractions as are met with in valgus. An ordinary leg brace attached to a shoe with a *properly constructed steel archea insole*, to maintain and restore the plantar arch, is the basis of the apparatus needed. A pad to support the inner ankle must be accurately adjusted, and *must be watched and kept so*. The simple lacing of the foot in the shoe will often be sufficient to prevent the turning up of the outer edge of the foot; if this is not sufficient an iron clip attached to the outside of the shoe will effectually prevent any tendency to eversion. This may also be supplemented with an "artificial rubber muscle" attached to and drawing upon the inner margin of the shoe. Most of the points of this form of apparatus for valgus are so old, so well known, and so commonly used that a cut to illustrate them is not needed. But the steel arch insole is no where insisted upon, yet it is the life of the whole instrument.

Little* speaks of and commends "an elastic horse-hair, India rubber, or felt pad," but deprecates iron and cork. All these are worthless compared to a steel arched insole properly shaped and adjusted to the foot in each individual case. It furnishes both the elasticity and the rigidity required for restoring the plantar arch.

"Finally, whatever mode of treatment may be adopted, it is of paramount importance that it should be carried out under the personal superintendence of the surgeon; to delegate this office to the parent or nurse, or to the patient himself, is only a waste of time, and what no sensible practitioner should ever do. I never, in fact, like to intrust the management of a case of club-foot even to an intelligent physician, for there are so many points that demand attention, that unless the greatest possible care is exercised, something will be sure to go wrong, and mar the beauty of the cure."†

Truer words were never spoken, not only as here made applicable to the management of club-foot, but also as relates to the management of all cases requiring surgico-mechanical treatment.

[To be continued.]

* Traumatic causes may and often do produce the same result.

* Holmes's Surgery, Am ed., p 352.

† Gross's Surgery, Vol. II., 6th ed., p. 1041.

# MEDICAL NEWS AND MISCELLANY.

DR. W. M. WELCH has removed to 821 North Broad Street.

DR. ELLIOTT RICHARDSON has removed to 1829 Spruce Street, Philadelphia.

DR. ROSH LEAMAN has been appointed Demonstrator of Medicine in Jefferson Medical College.

DR. H. P. C. WILSON, of Baltimore, Md., has been elected a member of the British Medical Association.

A FRENCH edition of Professor Roberts Bartholow's Materia Medica and Therapeutics will soon be issued.

STRABISMUS.—Dr. Samuel W. Francis says that squinting is caused by micro-cock eye!—*Med. Record.*

DR. BROWN-SEQUARD has been awarded a prize of twenty thousand francs by the five French academies for his contributions to medical science.

DR. JAMES THORINGTON, resident surgeon of the Panama Railroad Company, at Aspinwall, was married on September 15th to Miss Florence M. Jennings, of Harrisburg, Pa.

VOMITING IN PREGNANCY.—A glass of beer three times a day, with meals, is highly spoken of in the treatment of severe vomiting in pregnancy.—*St. Louis Courier of Medicine.*

DR. E. O. SHAKESPEARE, who has been commissioned by the President to investigate and report upon the cholera epidemic in France and Spain, has sailed for Europe, and will probably be absent three months or more.

THE statement that Dr. Henry B. Sands has resigned from the Chair of the Practice of Surgery in the College of Physicians and Surgeons, New York, is incorrect. Dr. Sands will lecture as usual during the ensuing session.

TO ARREST HICCOUGH.—Dr. Ramos asserts that hiccough may be at once arrested by wetting the lobe of the ear with cold water, or with any fluid which by its evaporation will produce a slight degree of refrigeration.—*Med. Record.*

DR. JOHN L. ATLEE, Sr., one of the most distinguished of American physicians, and a founder and an ex-President of the American Medical Association and the Pennsylvania State Medical Society, died at his home in Lancaster, Pa., on October 1st.

DRS. H. R. MILLS, Myron Northing, John J. Mulheron, and Fitzhugh Edwards, have been selected for temporary duty at Port Huron, and Detroit, Mich., to aid the State authorities in preventing the introduction and spread of contagious diseases from Canada.

THE AMERICAN DERMATOLOGICAL ASSOCIATION has elected the following officers for the ensuing year: President, Dr. Edward Wigglesworth of Boston; Vice-Presidents, Dr. I. E. Atkinson, of Baltimore, and Dr. A. R. Robinson, of New York; Secretary, Dr. G. H. Tilden, of Boston; Treasurer, Dr. H. W. Stelwagon, of Philadelphia.

ERGOT FOR HICCOUGH.—A correspondent in the Lancet calls attention to a new use for an old remedy. A policeman had hiccough which resisted all the ordinary means of relief, and he was passing into collapse, when drachm doses of liquid extract of ergot were ordered, with complete relief. Only three or four doses were required. After a period of rest the hiccough returned, but was again stopped by the ergot, and did not reappear.

THE HOSPITAL OF THE VETERINARY DEPARTMENT of the University of Pennsylvania, at Thirty-sixth and Pine Streets, was opened for the reception of sick and injured animals of all kinds, on Tuesday, September 1, 1885. This hospital has every possible facility for the best handling and care of sick animals. The animals are under the professional care of Dr. Huidekoper and Dr. Zuill, veterinarians. A blacksmith-shop and competent farrier are attached to the hospital for shoeing lame horses, under the direction of the medical staff.

AN ANATOMICAL PELVIC PESSARY.—Dr. Hofmann has just shown us letters from physicians bearing emphatic testimony to the value of his "Perfected Anatomical Pelvic Pessary."

We think his claim well grounded that his Pessary is distinguished from all others by the originality of its form, being constructed with strict reference to the pelvic anatomy.

One physician writes: "My patients report that, but for the relief afforded, they would be unaware of the presence of the pessary."

Dr. L. C. Vincent, of New York, reports the case of a lady sixty-five years of age who presented herself to him for treatment. Hers was a case of procedentia uteri, with consequent excoriations and ulcerations. The use of a No. 3 "Hofmann's Perfected Anatomical Pessary" enabled the patient to come to the city and do some shopping, and has cured the ulcerations which caused her so much pain and made her existence miserable. The Doctor also reports two other cases of retroversion very much benefited by the use of the same.

Physicians who have known only disappoint-

ment and failure from the use of other Pessaries would do well to give Dr. Hofmann's "Perfected Anatomical" a trial.—*Braithwaite's Retrospect.*

A Mediæval Instrument for Preventing Coitus.—At a recent meeting of the American Gynæcological Society, Dr. T. Gaillard Thomas showed a relic of the Middle Ages, in the shape of a contrivance for preventing women from indulging in intercourse. It had lately been given him by a friend, by whom it had been found in the bottom of one of a number of trunks that constituted, with the odds and ends which make up their contents, the remnant of an estate in Europe that he had been called upon to take charge of. The apparatus resembled the well-known ivory affair that was furtively exhibited to tourists at the Hotel DeCluny. It consisted of a jointed iron belt to encircle the hips, to which a rigid strip of iron was connected before and behind, somewhat after the manner of a T-bandage. This strip of iron was widened where it passed over the vulva, and at that place there was a slit-like fenestra with a serrated edge, the teeth being bent somewhat outward. At the situation of the anus there was another perforated expansion, circular in this instance, and that opening also was serrated. The whole was covered with ancient looking velvet. The strip of iron which passed between the thighs was hinged to the pelvic girdle in front, but behind (perhaps to add to its discomfort) it was secured with a lock. The original lock was remarkably antique, and bore the emblems of high nobility —perhaps royalty. On that account his friend had desired to keep possession of it, and therefore he (Dr. Thomas) had replaced it with a small modern padlock.—*Med. Herald.*

Kissing from a Medical Standpoint.—A correspondent in our valued contemporary Babyhood, of September, 1885, justly condemns the custom, quite usual with some mothers, of compelling children to kiss people promiscuously. The sensibilities of children are very acute, and it is not surprising that they should strenuously object to promiscuous osculatory exercises. It is enough to make even a young child lose all faith in human nature to be compelled to kiss some people. And apart from the physical objections to the habit there are moral objections to it. If the child objects it is a species of cruelty to compel it to kiss; and, if it does not object, it may become so wedded to the habit as possibly to entail serious, moral or physical, consequences in after life.

We say "physical consequences" with good reason; for, besides such a sore accident as rupture of the membrana tympani, which has resulted from a kiss on the ear, loathsome and deadly diseases may be communicated by kissing. Any one of the contagious or infectious diseases may be so communicated, and there are certainly numerous cases on record in which diphtheria and scarlatina have been traced very directly to a kiss. How is a mother to know but that the person who kisses her child has some specific affection, that there are specific buccal lesions, which may be the direct cause of a lifetime of misery to her child, or an early and horrible death. From her standpoint, therefore, that compulsory kissing is disagreeable to the child, the correspondent of Babyhood is in the right, but, as we have shown, it is doubly wrong, in that it may, after the disagreeable act is finished and perhaps forgotten, entail the most serious consequences.—*Journal of A. M. A.*

Chronic Cystitis.—The Bulletin was instrumental in calling my attention to the combination of drugs known as lithiated hydrangea, and a case of chronic cystitis has yielded so happily to its administration, that its report may be of interest.

Patient, a married lady, æt. 30 years, suffering from calculi, much reduced in flesh, of nervous temperament, and desponding hypochondriacal disposition. I had used at different times the simple fluid extract hydrangea, uva ursi, buchu, flaxseed tea, and elm water, as well as washing out the bladder with a solution of nitrate of silver, etc., without success. I then commenced the use of lithiated hydrangea (Lambert) in teaspoonful doses four times a day, and after three days increased to tablespoonful doses. At the end of the first week I could see no marked change, but persisted in its administration. On the morning of the eleventh day of treatment the patient was reported much worse, and my visit found her suffering intensely and continuously passing water, in small quantities, containing clots of blood. I injected four ounces flaxseed tea and laudanum into the bladder, which partially relieved the pain and tenesmus, and enabled the passage of a large quantity of water, containing three ounces, by weight, of what I supposed to be phosphate of lime. I then added fifty per cent. of the fluid extract of buchu to the lithiated hydrangea for several days, during which time she continued to pass the brickdust deposit, which was followed by a gradual improvement in her general condition. I used no other treatment except to keep hot hop poultices over the pubis. She now has no trouble whatever in passing her water, and no pain or soreness over the region of the bladder. I must ascribe the ultimate benefit to the lithiated hydrangea on account of its removal of the cause of irritation,—*i. e.*, the dissolution of the calculi.

P. McAdams, M.D.

Rosedale, Ohio.

# BOOK REVIEWS.

*A Manual of Dermatology.* By A. R. ROBINSON, M.D., L.R.C.P. and S., Edinburgh; Professor of Dermatology at the New York Polyclinic, Professor of Histology and Pathological Anatomy at the Woman's Medical College of the New York Infirmary, Member of the American Dermatological Association, etc. With eighty-eight illustrations. New York: D. Appleton & Co., 1885.

Dr. Robinson has long been known as one of the most original investigators in the field of dermatological inquiry. His contributions to our knowledge of the histology and pathology of the skin have been accepted as authoritative by the most distinguished European dermatologists and are invariably referred to by them as decisive of the question at issue. This volume will add to his reputation, and take its place at once as a standard treatise on the subject of which it treats. It contains a concise but complete description of the symptoms, etiology, histology, diagnosis, and treatment of diseases of the skin. It is profusely illustrated by a large number of original drawings, and is marked by an absence of repetition, and a directness and felicity of expression, qualities which are especially desirable in medical publications.

*The Curability and Treatment of Pulmonary Phthisis.* By S. JACCOUD, Professor of Medical Pathology, Faculty of Paris, etc. Translated and edited by MONTAGU LUBBOCK, M.D., M.R.C.P., London. New York: D. Appleton & Co. Philadelphia: J. B. Lippincott Co., 1885.

This is one of the most important books of the nineteenth century, and one which no physician can afford to be without. The author is one of the most distinguished living authorities on the subject of phthisis, and the results of his long years of study and experience would necessarily command attention. When he states, however, that this formidable disease is capable of being cured, or at least arrested in the second or third stages as well as in the first, there will be a natural desire to sift the facts upon which this conclusion has been based. It is at times difficult to throw pre-conceived opinions to one side, but a careful examination of M. Jaccoud's work will convince even the most skeptical that the principles enunciated in it are true, and the means to be employed are the most advantageous that have yet been suggested. Phthisis is curable, but active and varied therapeutic management is requisite.

## *OUR ADVERTISERS.*

A RARE BUSINESS OPPORTUNITY offered to a limited number of the profession, who have ready money and time to represent a monopoly: $25 to $40 per day can be made. For particulars, address immediately, F. H. WRAY, Andrew, Iowa.

THE following notice appears in Daniel's Texas Medical Journal for October:—

A BENEFIT, PASS HIM AROUND.—"And now comes T. H. Bryant, 'proprietor' of 'Waukesha Glenn,' the 'Queen of Mineral Waters,' and poses as the Prince of Advertising Frauds. He is liberal with his ads—five pages at a pop—but does not pay a cent. He beat us out of the price of five pages, one insertion, and we consider ourselves lucky to have been warned by two other leading journals, more stuck. He trades on wind as well as water." This is a free ad.

THE MEDICAL BULLETIN'S pages displayed his add. three months, but its ledger displays nothing on the Cr. side of his account.

THE RUMFORD CHEMICAL WORKS, Providence, R. I., manufacturers of Professor Horsford's Acid Phosphate, have recently purchased a commodious building and warehouse near their present location, where they propose to move their business a few months hence. This purchase has been necessitated by the demands of their large and increasing business, and it is pleasant to record such an evidence of well deserved success and prosperity.

WE call attention to the advertisement of Peptonized Beef in this issue. It would appear that the problem of an extractive of digested beef has been solved by Professor Preston B. Rose, formerly of the Michigan State University, and its preparation attempted on a scale commensurate with its importance. The general agents of this preparation, Messrs. Chapman, Green & Co., of Chicago, will be pleased to forward samples as per their advertisement.

DR. J. WILLIAMSON, of Ottumwa, Iowa, says: "I gave Papine to my wife who is never able to take any of the various preparations of opium without suffering from narcotism to a degree that virtually excludes their use. Two or three drops of laudanum will affect her profoundly for at least twenty-four hours: she takes Papine so as to get the anodyne effect without suffering narcotism or getting an unpleasant effect in any way. I have tried it in a few other cases, and these where there was a known idiosyncrasy against opium or any of the common preparations and it has pleased me in all cases. I think it gives us a valuable anodyne, the best of all the preparations of opium for narcotic subjects."

HUNTSVILLE, Ill., July 28, 1885.

Acide mannate is the most palatable and painless aperient; it is indispensable as an aperient for women during pregnancy.

A. R. ALLEN, M.D.